REPORT RESUMES

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NEW DIRECTIONS IN STATE PLANNING FOR SCHOOL CHILDREN WITH COMMUNICATIVE DISORDERS.

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OFFICE OF EDUCATION (DHEW), WASHINGTON, D.C.

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THIS IS A REPORT OF A CONFERENCE SPONSORED BY THE OFFICE OF EDUCATION AND ATTENDED BY SPEECH AND HEARING SUPERVISORS IN STATE DEPARTMENTS OF EDUCATION, AS WELL AS SPEECH AND HEARING PROFESSIONALS IN LOCAL SCHOOL PROGRAMS, IN COLLEGE TRAINING PROGRAMS, IN FEDERAL AGENCIES, AND IN NATIONAL PROFESSIONAL ORGANIZATIONS. ADDRESSES AND DISCUSSIONS WERE PRESENTED ON THE ROLE OF THE SPEECH AND HEARING CLINICIAN ON THE EDUCATIONAL TEAM, THE ROLE OF THE STATE SPEECH AND HEARING SUPERVISOR, AND GUIDELINES FOR THE GROWTH OF SPEECH AND HEARING PROGRAMS IN THE SCHOOLS. THE FOLLOWING SPEECHES ARE INCLUDED IN THIS REPORT--(1) "FUTURE LEGISLATION FOR THE HANDICAPPED" BY ALPHONZO BELL, (2) "SPEECH AND HEARING CONSULTANTS AND PROGRAMS OF CONTINUING PROFESSIONAL DEVELOPMENT" BY JOHN MELCHER, (3) "SPEECH AND HEARING IN THE TOTAL EDUCATIONAL PROCESS" BY J.R. RACKLEY, (4) "MANPOWER NEEDS OF SPEECH AND HEARING PROGRAMS IN THE SCHOOLS" BY KENNETH O. JOHNSON, (5) "NEW DIRECTIONS IN STATE PLANNING FOR THE PROVISION OF SERVICES FOR CHILDREN WITH COMMUNICATION DISORDERS" BY FREDERICK GARBEE, AND (6) "THE ROLE OF SPEECH AND HEARING SERVICES IN PROJECT HEAD START" BY JANE C. WILLIAMS. REACTORS WERE--JOSEPH WALNEK TO JOHN MELCHER'S PRESENTATION, SARA CONLON TO J.R. RACKLEY'S PRESENTATION, AND GERALD FREEMAN TO FREDERICK GARBEE'S PRESENTATION. THE CONFERENCE PROGRAM AND A LIST OF PARTICIPANTS IS INCLUDED. (RS)

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Conference Report

"NEW DIRECTIONS IN STATE PLANNING FOR SCHOOL CHILDREN WITH COMMUNICATIVE DISORDERS"

Sponsored by the United States Office of Education

September 7-9, 1966
Burlington Hotel
Washington, D.C.

EC 002051

INTRODUCTION

The chief purpose of this Conference was to identify changing concepts in State planning for services to speech and hearing handicapped children as a result of recent Federal legislation and the need for greater responsibility for program operation at the State level.

The needs of the speech impaired and hard of hearing child in our schools are great. It has been estimated that two and one half million school children possess speech and hearing difficulties serious enough to handicap them socially, emotionally and/or educationally. Of this number, only 50% are receiving adequate special services to assist them in their educational program. The others receive either no special services or highly inferior services. One of the chief problems is lack of manpower on a professional level. Presently there are approximately 7,000 speech and hearing specialists in the schools. We need at least 21,000 in order to provide services to this segment of the handicapped population.

The Office of Education has supported efforts to a) strengthen State department programs of supervision and coordination, b) increase the national cadre of speech and hearing specialists, c) encourage research activity in this area of the handicapped, d) strengthen, support and develop college and university training programs for speech pathologists and audiologists, e) identify national professional problems and assist in collaboration with State, local and professional agencies to seek appropriate solutions, and f) actively assist in the coordination of efforts for the speech and hearing handicapped by other Federal agencies.

The support for a large portion of this program of service is provided by the provisions of Public Law 85-926, as amended, the Handicapped Children and Youth Law. Monies for research and demonstration and for training of speech and hearing specialists are available through this legislation. In addition, support for the development of service programs at the local school level is provided by Title I of Public Law 89-10. Of that portion of Title I monies which were utilized for the development of handicapped programs, the largest proportion was spent in the expansion of school speech correction programs.

This Conference represents another step in OE's program of planning for the needs of handicapped children in our schools. The presence of the State supervisors in speech and hearing with broad representation from professionals in local school programs, in colleges and university training programs, in Federal agencies, and in national professional organizations, identifies the need for a concerted attack on the problem of planning, the scope of the issues involved, and OE's commitment to continue to work with you in this humane and profoundly rewarding venture.

Michael Marge, Ed.D.
Coordinator, Speech and Hearing

Conference Plan for "New Directions in State Planning for School Children with Communicative Disorders" Held at the Burlington Hotel, 1120 Vermont Avenue, N.W., Washington, D.C., September 7, 8, and 9, 1966.

September 7, 1966

Burgundy Room

8:40 - 9:30 a.m.	Registration of Participants
9:30 - 9:45 a.m.	Greetings and Introductions by Dr. Michael Marge, Chairman of the Conference
9:45 - 10:00 a.m.	Opening remarks by the Honorable Harold Howe II, U.S. Commissioner of Education
10:00 - 10:30 a.m.	Keynote Speaker: U.S. Congressman Alphonzo Bell--Topic: "Future Legislation for the Handicapped."
10:30 - 11:00 a.m.	Coffee Break
11:00 - 11:45 a.m.	Major Topical Speaker #1: Dr. John Melcher, Director of Special Education, Wisconsin State Department of Public Instruction. Topic: "Speech and Hearing Consultants and Programs of Continuing Professional Development."
11:45 - 12:00 p.m.	Reactor: Joseph Wolvek, Consultant for the Hearing Handicapped, Department of Public Instruction, State of Iowa
12:00 - 12:15 p.m.	Question and answer period

Ballroom

12:15 - 2:15 p.m.	Lunch

Burgundy Room, Parlor A
Parlor B, Emerald Room
and Oak Room as indicated
on Discussion Group List

2:15 - 4:15 p.m.	Discussion Groups: 5 individual groups of participants. Topics to be discussed by each group: Problem - State consultants have not assumed a leadership role in the pre-service and in-service training of speech and hearing specialists.

Questions:
- a. What resources are available for in-service training through consultants in State departments of education?
- b. What resources are available for in-service training in other State agencies
- c. What resources are available for pre-service training through consultants in State departments of education?
- d. What resources are available for professional development through Federal agencies?
- e. What resources are available through collaborative programs within colleges and universities?

Burgundy Room

4:30 - 5:15 p.m.	Summary of Discussion Group Deliberations

September 8, 1966

Burgundy Room

9:00 - 10:30 a.m.	Major Topical Speaker #2: The Honorable J.R. Rackley, Commissioner of Education, Commonwealth of Pennsylvania. Topic: "Speech and Hearing in the Total Educational Process." Speaker introduced by Dr. Arthur Harris, Associate Commissioner, Bureau of Elementary and Secondary Education, U.S. Office of Education
10:30 - 11:00 a.m.	Coffee Break
11:00 - 11:15 a.m.	Reactor: Dr. Sara Conlon, Consultant in Speech and Hearing, Exceptional Child Education, Florida State Department of Education
11:15 - 11:45 a.m.	Question and Answer period
11:45 - 12:00 p.m.	Address: "Manpower Needs of Speech and Hearing Programs in the Schools," by Kenneth O. Johnson, Executive Secretary, American Speech and Hearing Association
12:00 - 1:15 p.m.	Lunch

Burgundy Room, Parlor A
Parlor B, Emerald Room
and Oak Room as indicated

1:30 - 4:15 p.m.	Discussion Groups. 5 individual groups of participants to be convened with State consultants of speech and hearing functioning as discussion leaders; Topics to be discussed by each group: Problem - Speech and Hearing personnel feel isolated from the educational team. Questions: a. How do general educators view us? b. How do special educators view us? c. How do we view ourselves in an educational setting? d. How should we view ourselves and identify our commitments to education? e. How should general educators view our contribution to the total educational process? f. What steps should and can be taken to help us integrate effectively into the total educational plan of children?
3:15 - 3:30 p.m.	Coffee Break (in Burgundy Room)

Burgundy Room

4:30 - 5:15 p.m.	Summary of Discussion Group Deliberations

September 9, 1966

Burgundy Room

9:00 - 10:30 a.m.	Major Topical Speaker #3: Mr. Frederick Garbee, Consultant in Education of the Speech and Hearing Handicapped, California State Department of Education. Topic: "New Directions in State Planning for the Provision of Services for Children with Communication Disorders."
10:30 - 11:00 a.m.	Coffee Break
11:00 - 11:15 a.m.	Reactor: Dr. Gerald Freeman, Director of the Speech and Hearing Program, Oakland County Schools, Michigan.
11:15 - 11:45 a.m.	Question and answer period

11:45 - 12:00 p.m. Address: "The Role of Speech and Hearing Services in PROJECT HEAD START," by Mrs. Jane C. Williams, Program Specialist, PROJECT HEAD START, Office of Economic Opportunity.

12:00 - 1:15 p.m. Lunch

Burgundy Room, Parlor A
Parlor B, Emerald Room
and Oak Room as indicated

1:30 - 4:15 p.m. Discussion Groups

Topics to be discussed by each group:

Problem - the speech and hearing specialist in the schools is presently unprepared for a rapidly modified and expanding role.

Questions:

a. What should be the components of broadening your perspective of school programs:
   1) How will you interpret to school administrators the contribution of speech and hearing to the education of children?
   2) How will you identify children with communication disorders which are educational problems?
   3) What diagnostic procedures should be utilized?
   4) What modifications should be suggested for the organization and administration of speech and hearing programs at the State and local school levels?
   5) What are the broadening therapy concepts?
   6) What evaluative procedures should be utilized to determine effectiveness of school programs?
   7) How may speech and hearing services be better integrated into school programs without increasing the burden upon the classroom teachers' time and efforts?

b. What resources should be brought to bear to improve school programs (research, legislation, etc.)?

3:15 - 3:30 p.m. Coffee Break (in Burgundy Room)

Burgundy Room

4:30 - 5:15 p.m. Summary of Discussion Group Deliberations.

List of Participants for Conference on "New Directions in State Planning for School Children with Communicative Disorders"

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Invited Speakers

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Congress of the United States
House of Representatives
Washington, D. C.

Mr. Frederick E. Garbee
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CONFERENCE REPORT

NEW DIRECTIONS IN STATE PLANNING FOR SPEECH AND HEARING PROGRAMS IN THE SCHOOLS

In cooperation with the United States Office of Education, State Supervisors of Speech and Hearing Programs met with university, public school, State, and Federal personnel to discuss new directions in state planning for children with communicative disorders. Seventy individuals attended the conference held in Washington, D.C. on September 7, 8, and 9, 1966. Dr. Michael Marge, Coordinator of Speech and Hearing Programs, United States Office of Education, was conference chairman.

Noted speakers discussed trends in legislation and educational programming leading to an expanding role for state supervisors of speech and hearing programs. The speakers were the Honorable Harold Howe II, United States Commissioner of Education; United States Congressman Alphonzo Bell of California; Mr. John Melcher, Wisconsin Director of Special Education; Mr. Frederick Garbee, California Speech and Hearing Consultant; Mrs. Jane Williams, Program Specialist, Project Head Start; and Dr. Kenneth O. Johnson, Executive Secretary of the American Speech and Hearing Association.

Conference participants, meeting in small groups, discussed three major topics: the role of the speech clinician on the educational team; the role of the state supervisor; and guidelines for the growth of speech and hearing programs in the schools. The following statements are presented to indicate the general concensus of the discussants on each of the three topics.

I. SPEECH AND HEARING PERSONNEL IN THE SCHOOLS: IDENTIFYING ROLES ON THE EDUCATIONAL TEAM

The term speech and hearing clinician has traditionally referred to a professional that primarily worked with the speech handicapped, but to a limited extent provided services for children with loss of hearing. An emerging professional role is that of the hearing clinician. This person is one whose major responsibility it is to focus specifically on the communication needs of children with hearing impairments. It should be understood, however, that this conference addressed itself primarily to the traditional role of the speech and hearing clinician.

Although speech clinicians are concerned primarily with oral communication skills rather than with the teaching of subject matter, public school speech and hearing programs are perceived as being most effective when integrally related to the total educational program. Consequently, clinicians working in school environments are expected to have received training in the total education process as well as in the diagnosis and treatment of communicative disorders. While specific clinician roles may vary from one school to another, there appears to be general agreement that speech clinicians in the schools may be expected to engage in the following activities:

1. Assist in the dissemination of information which may lead to the prevention of speech, hearing, and language disorders.
2. Identify community resources which can be utilized by and for the speech, hearing, or language handicapped.
3. Identify those children who possess speech, hearing, or language handicaps.

4. Coordinate and participate in diagnostic activities which, in addition to providing information regarding the communication problem, indicate the nature and degree of educational impairment resulting from the speech, hearing, or language disorder.
5. Provide direct and indirect clinical services to speech, hearing, or language handicapped children in individual or group settings or through consultation with appropriate individuals.
6. Coordinate the efforts of professional personnel concerned with the diagnosis and habilitation of speech, hearing, or language handicapped children.
7. Coordinate clinician activities with the educational activities of other school personnel.
8. Provide consultative services with regard to speech improvement activities in the classroom.
9. Provide consultative services with regard to language development activities.
10. Establish and execute procedures to facilitate evaluation of programs.

II. STATE SUPERVISORS OF SPEECH AND HEARING PROGRAMS: IDENTIFYING ROLES

In view of the increasing demand for speech and hearing programs within the schools, the greater amount of funds available through state education departments for such programs, and the need to make maximum usage of professional personnel, state level speech and hearing program planning is necessary. Consequently, State Supervisors of Speech and

Hearing Programs are assuming an increasingly important role in providing competent clinical services for the speech, hearing, and language handicapped school population. While state plans for the development of speech and hearing programs may vary from one state to another depending upon state department philosophy, there appears to be general agreement that the State Directors may be expected to engage in the following activities:

1. Assist in the development of guidelines for the growth of speech and hearing programs within the state.
2. Establish and utilize channels of communication through which information concerning program developments can be directed to speech and hearing personnel within the state.
3. Identify and communicate to directors of college and university training programs the needs in the state with regard to speech and hearing personnel.
4. Stimulate creative utilization of federal funds available to state and to local school agencies for research and for innovative programs to serve speech, hearing, or language handicapped children.
5. Assist in clarifying the speech and hearing clinician's role on the educational team.
6. Assume an active role in encouraging qualified students to enter the Speech Pathology and Audiology profession.
7. Assist colleges and universities in obtaining superior school practicum situations for clinicians in training.

8. Provide leadership at both the state and local level in maintaining standards for training programs and for speech and hearing service programs, which are commensurate with national professional standards.

9. Encourage training institutions to provide students with an orientation to the unique opportunities and challenges afforded speech and hearing clinicians in school environments.

10. Provide orientation materials for clinicians new to school systems in the state.

11. Provide leadership in initiating and maintaining active in-service training programs for speech and hearing clinicians who are employed in school environments.

12. Provide leadership in coordinating the services for the speech, hearing, or language handicapped child in the school environment with those services provided by state or local rehabilitation agencies.

13. Encourage and/or coordinate speech, hearing, and language research programs in the school situations.

14. Establish criteria by which the effectiveness of speech, hearing, and language programs in the schools may be evaluated.

15. Recognize that supervisors and instructors are needed in the broad area of hearing as well as speech, and encourage the emerging role of hearing clinicians.

III. SPEECH AND HEARING PROGRAMS IN THE SCHOOLS: GUIDELINES FOR GROWTH

The status of speech and hearing programs in the public schools has undergone a transition during the past few years. From a few sparsely scattered programs, Speech and Hearing services in the schools have become recognized as integrally related to the educational environment and as services that affect a significant portion of the school population. Having demonstrated their value to the educational community, speech and hearing specialists are confronted with an increasing demand for the services they provide. This demand, in addition to the rapidly increasing population, has led to a growing shortage of qualified personnel. Faced with the immediate pressure for more speech and hearing personnel and with the determination to maintain and increase training standards, the entire profession is being asked to provide services of increasing quality to more children with proportionately fewer personnel. In view of this goal, the following proposals appear relevant:

1. To provide services to those children in rural and center-city situations where the shortage of clinicians is most acute:
    a. Provide clinicians with special inducements of a professional as well as of a financial nature.
    b. Establish diagnostic teams to travel in rural areas.
    c. Initiate intensive summer programs to utilize the services of clinicians employed for the school year rather than the calendar year.
2. To provide clinicians access to a variety of materials and establish regional centers to house and disseminate materials.
3. In order to provide in-service training on a continuous and wide-spread basis, initiate regularly scheduled regional workshops.

4. To encourage reciprocal certification policies between state education departments to facilitate job placement of professional personnel.

5. To facilitate recruitment and to expedite personnel training, modify existing state certification codes which require students to engage in academic experiences not relevant to developing teaching competency in speech and hearing clinicians operating in school situations.

6. To facilitate communication and research and to increase program efficiency, encourage the use of uniform nomenclature and record keeping systems.

7. To increase the effective use of clinician time:

    a. Encourage the continued development and utilization of prognostic test instruments which will assist clinicians in case selection in the primary grades.

    b. Reduce the amount of time devoted to speech improvement and communication skills activities by encouraging the assistance of the regular classroom teacher.

    c. Maintain caseloads which allow clinicians sufficient time to accomplish desired goals for each child in his program.

    d. Identify and assist the classroom teacher in assuming a more active role in the clinical process.

8. To establish regional planning committees in order to coordinate, plan, and facilitate the continued growth of speech, hearing, and language services in the schools.

9. To obtain maximal utilization of available personnel and to assure optimal school service programs, Speech and Hearing personnel must resolve several issues. Among the more significant issues facing those members of the profession interested in services in the schools are the following:

a. What is the role of the clinician in determining and executing language training programs for handicapped school children?

b. What is the role of the speech clinician and the hearing clinician in determining and executing educational programs for the hard-of-hearing school child?

c. What is the role of the speech clinician in providing non-speech or hearing handicapped children speech improvement and communication skills activities?

d. What are acceptable roles for the professionally untrained individual assisting clinicians in school speech, language and hearing programs?

e. What elements need evaluating and changing in training programs in order to prepare clinicians for their new role in the schools?

ADDRESS BY THE HONORABLE HAROLD HOWE II

UNITED STATES COMMISSIONER OF EDUCATION

SEPTEMBER 7, 1966

Dr. Marge, Mr. Bell, and other guests. I am delighted that this kind of gathering could be pulled together, and that you are here to consult about the issues which are on your agenda. I have just three things I want to say. I want to comment on the relation of the States and the Federal Government, because I think it is appropriate in a gathering of this kind, made up in large part of officials of the State to do so. I want to say a word about the Federal Government's efforts on behalf of the handicapped generally, and then I'd like to focus very briefly on the special areas of the handicapped of concern to your particular meeting.

First of all, on the matter of the relation of the States and Federal Government, there is so much publicity given to the activities of the United States Office of Education and the Congress and the President, in the realm of education, that sometimes I believe we get the impression that the Federal Government is moving in and taking over in the world of education. And that is simply not the case. The balance needs to be regressed on this, although the Congress, through its legislation, and the President through his leadership, have made available many new resources to the world of education generally. Most people don't realize that these resources tend to be made available through the States.

I happen to sit on a budget which - every time I add it up comes our differently - but in the current year it's going to be about three and a half billion dollars, or slightly more. That's a large amount of money. If you look at how that money is designated for expenditure, what happens to over four-fifths of it is that we give it to the states. The actual administration of what shall happen, be it in programs for higher education facilities, be it in programs for training of teachers of the handicapped, be it in special programs for disadvantaged children of various kinds under Title I of the Elementary-Secondary Act, to cite one of the very large pots of money which flows through us to the States; whatever you care to name you will find, in most cases, direct State involvement and direct State responsibility for the initiatives created by the Federal government in the realm of education. And I happen to think this is exactly as it should be.

If I were to predict what the historians will say fifteen years from now about the developments in education in the United States during the 1960's and early '70's, I would say that the historians will point to the fact that this was the period when the States really began to do their jobs. The period when with the help of the Federal government State organization was strengthened to a high degree. I wouldn't be surprised if some of you here were people who had recently been appointed in States with the benefit of Title V funds, for example, from the Elementary and Secondary Act. Am I wrong about that? I think you will find many analagous circumstances in other legislation of the Congress. We are going through a time when with federal resources a new sense of responsibility is developing in the States, a new capability to do the job which the Constitution of the United States leaves to the States. And I think we need to emphasize this every once in awhile, lest it seem that the Federal government is moving too vigorously into the realm of control rather than into the realm of support.

The realm of support seems to me an extremely appropriate one for the Federal government, because I happen to believe that the financial resources, particularly those available to some States and many communities, are simply not adequate to do the job of education for the children who happen to live there. I believe that the accident of where a child happens to be born in the United States should not determine the quality of the education which he has a right to receive in the public schools of that place. To the degree that the Federal government can provide through the States, through the local school boards, additional support to make it possible for those agencies to offer quality education across the board to the disadvantaged, to the normal child, to the handicapped child, to the whole spectrum of young people who appear in our schools, then I think the Federal government is performing an appropriate role. I would thoroughly support additional funding of the kinds of activities the Congress has already enacted, and perhaps some new activities which may come out of your discussions here today. I know it is important to put this broad spectrum of things out before you since you do represent, many of you, the various State education authorities, particularly with your interest in the organization and planning of activities for a group of handicapped children.

Now coming to the realm of the handicapped, an area in which I have no special expertise, but a very deep interest, let me say that it's my belief that handicapped children in the United States generally have been short-changed by their local educational systems. Short-changed sometimes with knowledge that they were being short-changed, short-changed usually without knowledge of the problem, without any good local information about what can or should be done, short-changed partly because of inadequate State planning for these services, and short-changed partly because of lack of local, State and Federal support for services to handicapped children.

An element in this short-changing process is the simple fact that when you provide money, whether local money, State money or Federal money, to support schools and then expect local people to make the decision to divert a portion of that money to the support of handicapped children, you inevitably are disappointed in the decisions they make, because that money finds itself in competition with the needs of the broad spectrum of children in the schools. The needs of these youngsters are better spoken for by local political leadership. By and large, decisions made at the local level will take programs like the Elementary and Secondary Education Act and its Title I, and use a smaller proportion of it than we, or you, might hold for the service of handicapped children.

If these things are true, then I go on to the next proposition which is that Federal support for the handicapped needs to be specifically allocated for that purpose. As long as Federal support is made available so that local decisions can turn it away from the handicapped into other channels, we will continue to have the problem of those channels being over-worked and the channels which benefit handicapped children being undersupplied. I would, therefore look for ways in the years ahead to enhance the kinds of support which the Federal government provides directly for handicapped children.

We do provide a number of sources of such support already and you are familiar with them. I won't try to delineate them in a long list for you, however you are aware that we help train teachers of the handicapped, we help to build up the faculties of colleges and universities which are going to train teachers of the handicapped, and we do a variety of things of this sort with Federal funds. Looking at the total picture, you have to say realistically we're too little and too late.

Take the realm in which you are immediately concerned. I am told by my associates in the Office of Education that there are across the United States somewhere around 7,000 speech and hearing specialists in the schools and that there are some two and one-half million children in the schools who require special assistance from speech and hearing therapists. If this two and a half million were to be adequately served, which it is not today, we ought to increase that number 7,000 to somewhere in the general realm of 20,000 or 22,000. We have a big job to do in the training of people. I believe that as the Federal government begins to attack problems like this manpower shortage in the field which you represent, that it has got to develop a comprehensive policy about what its approach to all areas of handicapped children shall be.

If you will look at recent years of history and legislation for the benefit of the handicapped, there has been a tendency for the Federal government to respond to particular pressure groups or organizations doing "this" for the deaf, and "that" for the blind, all admirable things. It has not, however, taken a broad look at those segments of the population which have a variety of physical and mental handicaps, found a way to decide what the appropriate role of State, Federal and local governments should be in providing resources for doing the planning, and then gone ahead and done the Federal piece of the job.

It is encouraging to me that in the past few months there have been some deep and searching conversations in the Congress with regard to this problem. Congressman Carey of New York has been conducting hearings in regard to the problems of handicapped children, and I think they have been most constructive hearings in bringing out this need for a broad comprehensive Federal policy. Senator Robert Kennedy of New York has launched on some hearings also. In addition to these activities, the President asked the Secretary of Health, Education and Welfare, John Gardner, to set up a task force working on the problems of the handicapped broadly. Mr. DesMarais who is here with us, is working closely with that task force group to try to evolve what will be a broad Federal policy which will define the role of this Government, and then provide the opportunity for further, and I hope, better considered moves by the Congress as it moves ahead to work on the problem.

So, I think we're in a time of good planning at the Federal level, or the beginning of good planning; we're in a time of hope for the future in terms of the children we all want to serve, and particularly in terms of the children whom we have for so many years short-changed. I think it's a most appropriate time for a group like yours to be coming together holding the Conference you are holding, talking about the role of the State and State planning activities. I'm sure that from your conversations there will emerge suggestions which will impinge on this other question of what is the appropriate role of the Federal Government. I look forward to getting the benefit of your deliberations and allowing these to affect our policy positions in the future. These are the things I wanted to say to you very briefly as you launch your session. Again let me say to you how happy I am that you have come to this meeting.

THE QUIET CRISIS

AN ADDRESS BY

CONGRESSMAN ALPHONZO BELL

WASHINGTON, D.C., SEPTEMBER 7, 1966
BURLINGTON HOTEL

In our age of supreme technical capacity, scientists and doctors are able to perform wonders which we would hardly have imagined possible ten years ago. It is our tragedy that with such potential, much that this nation produces relates to the conduct of war.

Fifty three and six tenths percent of our national budget is allocated for defense expenditures. Five billion, ninety-three million dollars was invested in the space program last year alone. It is fair to say that public support of our space program would not have been obtained without general belief that the balance of power could be endangered without it.

In such a world people who devote themselves to the needs of other human beings deserve special recognition and special gratitude. You fall into this category. It is an honor for me to address you.

I come today to express my profound personal respect and interest in your work. The number of people in the United States who assign high priority to this work is growing. Significant action on Capitol Hill in the months and years immediately ahead will reflect stimulated belief in your power to perform. Already there is evidence of this in Congress.

Six months ago the Ad Hoc Subcommittee on the Handicapped was formed by the House Education and Labor Committee. Its purpose is to establish a national policy of comprehensive support for the education and training of handicapped people. As a member of that Subcommittee, I co-authored legislation to provide a model secondary school for the deaf to be operated by Gallaudet College here in Washington.

With each of you I am concerned because only eight percent of deaf young people, compared with forty percent of those with normal hearing, gain admission to our nation's colleges and universities. To me it is wrong that there is not one secondary school in the nation--public or private--that offers deaf youngsters the educational program that every normally endowed child receives in a good public high school. We have an obligation to help.

The pressures of war in Vietnam and of inflationary trends at home have not made domestic spending bills popular this year. But it is a severe indictment of American public policy that effective national action is seldom taken except as reaction to great and unexpected challenges.

We had no space program of any consequence until Russia's Sputnik astounded the world in 1957. Since then we have invested twenty-five billion dollars in the space competition. We had little interest in the medieval conditions of the Latin American peasantry until Castro came to power in 1959. To date, 5.2 billion dollars has been spent on the Alliance for Progress. There was scant public interest in Southeast Asia -- until the Vietcong escalated its activities in 1963. Now we spend an estimated thirty-five million dollars a day in South Vietnam.

Few effective attempts were made by the Federal government to deal with poverty--until demonstrations and riots forced our attention to the problems of the poor and the oppressed. Two and three tenths billion dollars has been spent on the war on poverty since 1964.

But the estimated six million handicapped children in our nation produce few headlines. They do not threaten our defenses. They do not demonstrate. They have no political voice. They resemble the invisible poor. They are victims of quiet crisis. We who sense it cannot ignore it.

Three million two hundred and twenty-two thousand of this nation's children are handicapped by speech and hearing disorders. Today they constitute 5.7 percent of the school-age population. Approximately eight hundred and forty-eight thousand of these youngsters suffer hearing disability. The remaining two million, three hundred and seventy-four thousand have significant speech difficulties. They form the largest single group of handicapped children in the nation.

We fail these children and their families by not being fully prepared to help them. There are only fourteen thousand full-time speech and hearing specialists in our nation. One half of these individuals work in conjunction with public school systems. But seven thousand in the schools are not enough. By 1970 we will need more than three times the number of specialists we now have in the public school systems alone.

In some regions the problem and the need are already critical. Last year New York State listed vacancies for two hundred and eight speech and hearing specialists. All of these positions went unfilled.

Only one half of all public schools in the nation offer the services these handicapped youngsters need.

It is true that there have been indications of progress. Primarily within the last ten years, thirty-four State Departments of Education have designated State supervisors for programs in speech and hearing. Most of the sixteen remaining states are working toward this goal. One hundred and seventy-five universities have training programs for speech and hearing specialists. They provide services for both adults and children through local schools, community clinics, and hospitals. Approximately sixty percent of the hospitals throughout the nation offer correctional aid. Ten private charitable organizations make speech and hearing therapy one of their key fund-raising projects. Community clinics, voluntary organizations, hospital clinics and universities--all supplement public school endeavors.

But the facts remain the same. When all services are accounted for, less than half the youngsters afflicted with significant speech and hearing disorders receive treatment in the United States today.

Let's take one example. In Newark in 1964, administrators of the largest community clinic in the state estimated that nine thousand children needed treatment by specialists. This was supplemental to assistance offered by the public school systems. The Newark center could accommodate only three hundred children for diagnosis each month. Only two hundred and fifty could by offered regular weekly therapy. The waiting list for hearing testing was eight months. The waiting list for speech evaluation was three months. The waiting list for therapy was one year. Some of those fortunate enough to receive treatment in New Jersey had to travel one hundred miles. The situation in that state is repeated across the nation.

Comprehensive Federal legislation, introduced on August 4, is now being considered by the Ad Hoc Subcommittee on the Handicapped. The bill would provide the states with financial aid through which they can stimulate their special educational programs for the handicapped. If passed, the special instructional materials the handicapped child needs would be provided. The bill would expand training of professional personnel. It would help in developing new educational methods and technology. It would provide special grants to ease recruitment difficulties. It would establish a Bureau for education and training of the handicapped within the Office of Education, as well as a National Advisory Commission to assist the Secretary of Health, Education and Welfare.

These are the broad outlines of the bill. They reflect our assessment of short term need. Members of my staff have copies of two of the important bills available for you this morning. Each of you should read these proposals carefully. Your opinions will carry great weight.

What we are doing is experimental. If we come forward with major legislation that contributes basically to future success in dealing with this problem, it will be because you have joined with us in a venture in which everyone involved can take pride. It is an important and creative task we set for ourselves even though Federal involvement in aiding handicapped children and adults is not new.

Under the Soldiers Rehabilitation Act of 1918 disabled veterans were given vocational training. The Industrial Vocational Rehabilitation Act of 1921 provided for retraining of civilians severely injured by industrial accidents. Pragmatic in conception, both of these programs emphasized concern for individual economic productivity.

In 1961, Congress provided funds for training teachers of deaf children and moved more closely into the area of your particular interest. Official recognition was given to the fact that mental capacity is not necessarily related to physical impairment. Now we spend over eight hundred million dollars a year in grants to aid the handicapped. In 1965, primarily through the training and research grants of six Federal agencies, 18.6 million dollars was allocated for the speech and hearing profession alone. The results of these efforts are having wide impact. Individuals outside your field are becoming aware of information and case histories profoundly troubling and...paradoxically...encouraging.

A seventeen year old Tulsa, Oklahoma, boy possessing genius I-Q, is a study in point. One day an employee of a home for the mentally retarded--in which this boy had been placed--left an intricate radio kit on a table, and the supposedly backward youngster assembled it in perfect order. He had never learned to read. His work was accomplished solely by looking at the printed diagrams. No one had realized until then that his true affliction was deafness...not retardation. Twelve years earlier, when the boy was five, his non-responsiveness was considered symptomatic of retardation and he had been assigned to custodial care. Two-thirds of his life had been spent in homes for the mentally deficient. Because of his high intelligence, he had assessed his closely controlled environment and realized that to get along he must blend with his surroundings. He felt he had to be like the others. He acted like the retarded child he was thought to be. He performed almost too well. But today people who hear about the boy in Tulsa, and others like him are led to the sometimes painful process of thought.

How many brilliant but helpless children live soundlessly in the shadows in our great land? And how many of them can we find and help?

This new awareness focuses attention on a dilemma unique to our time and perhaps to our nation. Since World War Two and the period of growth in population and affluence, infinite numbers of new welfare projects have been undertaken. Behind the projects has been a governing organizational philosophy. We believe that separate city, county, State and Federal involvements will produce uniquely favorable results. Often this has been so. But such a system has had its price. It is a price with which you are all familiar. There is lack of knowledge and lack of coordination. There seems to be absence of control.

It has become difficult to keep track of just what is being done through the many public programs for people needing assistance. Before granting Federal aid to any person or to any organization, the government requires extensive reports which could provide valuable information to help us determine public needs and accomplishments. The reports could tell us how many handicapped children in the United States need additional help. They could tell us about programs being developed in California--or in any other state--that would be valuable to the rest of you. They should. But they don't.

Our Ad Hoc Subcommittee evolved from discussions among members of the Education and Labor Committee concerned with such problems. We knew there were many federal programs for the handicapped administered by a variety of agencies. But it seemed to us--as I am sure it does to you--that there was a detrimental lack of coordination among those agencies--and often, even within the same agency.

The situation is not unique. It exists in many governmental endeavors. Testimony presented to the Subcommittee thus far suggests that some production is being lost because of organizational fragmentation. Passage of the legislation I have mentioned might be helpful in this regard. I am extremely hopeful that it will.

When I was much younger, extension of aid to the handicapped constituted little more than financial support designed to feed, clothe, and house people in need. Today you hold in your hands power not just to sustain but actually to reclaim human lives. And the horizons of your work are unlimited.

Our technology has hardly been tested in dealing with the physical restoration of sound and speech. It is a technology offering enormous promise for the future. People today tend to be preoccupied with political and economic power. This will not always be true.

The day will come when human beings will give highest recognition to men and women who reject power except as it can be used to help others. Each of you has set such a course for yourself. Your choice is one I find very much deserving of support. You work in a very destructive world to restore and reclaim. One day this spirit will dominate not just the human dream but the human reality. And far more than just the handicapped children of this land will be in your debt.

PROGRAMS OF CONTINUING PROFESSIONAL DEVELOPMENT

AN ADDRESS BY

JOHN W. MELCHER
DIRECTOR OF SPECIAL EDUCATION

WASHINGTON, D. C., SEPTEMBER 7, 1966
BURLINGTON HOTEL

With the arrival of massive Federal assistance to education has come the revitalization of State-level special education pre-service and in-service programs for professional personnel. The new Office of Education-administered support programs such as Public Law 89-10, Public Law 88-164, Public Law 89-313, place major roles of responsibility for leadership and administration on the State school agnecies. These Federal enactments of the 88th and 89th Congresses have swelled Federal financial participation to the 3.5 billion dollar mark and place the State school agency in the position of axle or pivot. State departments of education have a chance, in fact, a mandate to demonstrate our leadership potential or to be buried forever in the national leadership scene. If we are to soar rather than crash, we'll need to develop comprehensive State level staffs that have the "horsepower" that will be capable of propelling comprehensive new programs into orbit and to constantly improve and "recharge" the services we have created in the past. These responsibilities call for depth level staff that can be respected as empiric authority by the local school system staff and by our colleagues in higher education. We will have a larger responsibility for lifting aspirational levels and for improving the quality of the technology in our chosen fields of concentration.

To look at this subject in the specific context of speech and hearing consultants in state agencies, this presentation is divided into four parts. These parts are:

1. Characteristics of State Consultants
2. Improvement of State Consultants
3. Use of State Consultants in Continuing Professional Development of Local Personnel
4. Charge to State School Agnecies

PART I

CHARACTERISTICS OF THE STATE CONSULTANT IN SPEECH AND HEARING

The 1966 model of a State speech and hearing consultant should possess the following:

A. Training and Experience

A consultant should be well trained in subject matter and recognized by staffs of local school systems and universities as a peer. This training should be coupled with appropriate professional experience.

B. Professional Skills

1. Ability to innovate with enthusiasm and to purvey creative programming.
2. Willingness to cooperate with other professional workers in plans for advancing the science and art of the field; willingness to accept professional assistance from outside the speciality; and willingness to aid and assist pre-service programs in developing and extending practicum aspects of training.

3. Skill and poise in planning and conducting seminars, workshops, study groups, and other in-service education.
4. Ability to convey ideas in writing and speaking for the profession before general school organizations, legislative bodies and local public and private agencies concerned with the language, hearing and speech problems.
5. Ability to serve as an advisor and collaborator for other specialized professionals serving handicapped children.

PART II

IMPROVEMENT OF CONSULTANTS

In order to meet the demands created by an explosion of knowledge in the field and because of the greater demands of local groups for State consultation, it behooves the dynamic State supervisor or consultant to continually renew and extend himself. The following elements of continuing professional development should be available or explored for use.

1. The extended formal training program at the graduate level in the form of doctoral or post-doctoral programs.
   These should be heavily subsidized by the Federal and State agencies responsible for the service area. To me, speech and hearing services in a State school department must have at least one full-time, well-trained consultant in order to do even a minimal job. In most of our states we should be looking to the many sub-specialties and beginning to acquire additional speech and hearing personnel.

2. Visitation is a superb device for extending the horizons of consultant staff. We should include in our budgets sizable funding for staff visitations to promising programs all over the country, in and out of the school scene. These visitations should be in depth and not merely paper-thin, one-day social exchange meetings.
3. A related area of cross fertilization is the exchange of personnel among universities, State agencies, local school systems, residential schools, hospitals, and clinics on a solid block of time basis. Think of the values of a State consultant spending six months in a Crippled Children's Sospital speech and hearing department, or assisting in the development of speech practicum series at a major university, or spending a year in a research program in an institution for the retarded. When we have fully achieved the status of peer these interchanges will be found in greater frequency.
4. The need exists today for regional conferences and workshops for State consultants. The sharing of problems and solutions on a multi-state basis can be productive. Why can't you get together with your colleagues and neighbors and "hole up" for a week or two to "blue sky," seminar or write? Our minimal experiences in this area have given us the belief that this could possibly be the major means of in-service improvement for staff. This media of continuing professional development will be greatly extended when our U. S. Office of Education is fully staffed and has regional consultants in the field of speech and hearing.

5. The continuation of this type of national conference is also most desirable. With this activity we can collect the thinking, problems, and remediation possibilities from all over our mammoth nation. I would like to see this conference extended to provide our consultants with a two or three week intensive workshop that would dwell on an empiric subject matter area and staffed by the most competent and celebrated authorities in the field. This intensive Federally sponsored workshop could then produce the findings of this group, print them and distribute them to all concerned with speech and hearing services in public and private schools and facilities.
6. Funding for the acquisition of professional library materials. Materials and publications from within the field of speech and hearing as well as those whose subject matter is similar, such as neuro-anatomy, learning theory, and remedial techniques in school subjects.

PART III

USE OF STATE CONSULTANTS IN THE CONTINUING PROFESSIONAL DEVELOPMENT OF LOCAL SPEECH AND HEARING PERSONNEL

In order to serve the hundreds of speech and hearing professional workers we have in our states, the State consultants must find ways of making their time and services go farther. This obviously implies greater use of group techniques and utilization of mass media devices. The following suggertions might be made:

1. Wider use of statewide and sectional meetings with professional personnel. Included in this area would be the full complement

of special study institutes that can and should be held under the auspices of the State agency with full collaboration and support of college faculties and local speech and hearing personnel. In our state we spend a concentrated work week each year with a very select group of professional workers in the field. These speech and hearing people have the opportunity, in a retreat environment, to immerse themselves in a specific interest area, get the assistance of national and international authorities and finish with a product that can be of immense help to them and to others in the local speech and hearing scene. This year our group felt it wise to combine with professionals in the field of deaf education and spent the institute time working on the theme, "Speech and Language Disabilities: Development and Diagnosis." This institute was staffed by Drs. William and Miriam Hardy of Johns Hopkins University, Dr. Robert Frisina of Gallaudet College, and Dr. James McCarthy of the University of Wisconsin. From this has come some very interesting and provocative speculation regarding the need to augment the typical speech and hearing evaluation with qualitative data study relating to children's language development that is readily available in the school system's child study records, academic achievement data, and in generalized educational screening devices.

2. Development of State-at-large study groups, meeting at State or Federal expense, to investigate in depth an area of concern and to report the results of the study to the profession.

The time needed for such study groups isn't limited by such things as class hours or institute and would provide the invitees with the opportunity to research, collect, and "absorb" during the interim periods between study group sessions. These professional development groups, of course, would include personnel from many disciplines in the public and private sectors of agencies and institutions of higher education.

3. The development of motion picture and video-tape devices that show promising practices in speech, language, and hearing services.

   These visual packages can be developed in schools and clinics on a regular service or special plan basis and can be distributed by the State consultant via the mails or can be used as the focal point for professional seminars and workshops.

4. The tate consultant in his state-at-large capacity should be constantly serving as the catalyst for the dissemination of newer knowledges in the field. This can be accomplished by many means such as a speech and hearing newsletter and in tate departments, published special curriculum bulletins. A large share of the contents, of course, will come from others in the field but the State consultant is the force to secure and distribute the ideas of worth.

5. State consultants should be encouraged to take the time necessary to research and report critical issues in the field via professional

journals of the speech and hearing field. Surveys of both administrative and curricular nature should be in your province and time should be allotted for this function.

6. State special education staff should be searching for common avenues of service with State Crippled Children's agency's speech personnel, the people responsible for Office of Education programs, Office of Economic Opportunity projects such as Headstart, and State residential institutions serving handicapped and delinquent youth. The speech and hearing staff of these facilities and programs should be a part of the in-service activities.

PART IV CHARGE TO STATE SCHOOL AGENCIES

All these many suggestions, of course, will cost money, money that hasn't been included in State budgets until the advent of the Federal grants-in-aid programs of Public Law 88-164, Public Law 89-10, N.D.E.A. or Public Law 89-313. These new fund sources, and dozens more, such as those contained in S. 3406 and H.R. 16847, not only make it possible for us to carry on creative programming and in-service projects but will serve to indict us if we fail to do so. The old story of no money for good ideas is fast becoming passe. The need now is for us to generate new thinking and implementation at a rate of geometric proportions. Either we accept the challenge or forever be content with the follower's role. You and your State Department have this decision-making responsibility.

MR. JOSEPH WOLVEK

REACTOR TO THE SPEECH BY JOHN MELCHER

SEPTEMBER 7, 1966

I'm indebted to John for a number of things. First, in a facetious vein, for expanding my reputation for being the knuckle ball from West of the Pecos to West of the Mississippi. Secondly, as I have been attempting to synthesize my sensory intake and integrate it for the purpose of making some generalizations on John's remarks, I'm indebted to John in that he makes my role of Reactor very easy.

I need merely summarize by saying "Amen." But, this isn't too distinctive, so I'm going to try to break my "Amens" up to some points John mentioned. The first is the topic of the speech - "Speech and Hearing Consultants and Programs of Continuing Professional Development." I think the word "continuing" is redundant, because I think a distinctive characteristic of professional development implies continuing effort.

I would like to address my remarks to the distinguished participants here who represent the community of the speech and hearing profession. I think when John was mentioning the role that State Consultants as State consultants often play, he mentioned first that we must maintain high standards as a profession, providing services for our clientele in the schools. This too is a distinctive characteristic of the profession. Regardless of our "cepts" or approaches, those of us who are clinically oriented or those of us who are research oriented, they are all directed to a client. In this case the speech and/or hearing impaired client. Speech and hearing consultants at the State level also find themselves involved with school districts, Federal agencies, training institutions, and other environmental settings in which these professional services are offered.

In attempting to get some generalizations of the behavior of State consultants, distinct from the purely administrative ones, I've attempted in my own thinking, to identify three roles that State consultants sometimes assume. The primary role is that of the expert, in that most people who enjoy the role of State Consultant have been recruited from the clinical ranks. Their mainstay is clinical know-how and expertise. This should never be played down, because in attempting to implement services for children in school and for other personnel employed locally, the expert has to go through a bit of "administrivia" mechanization, which is attendant on any one of the roles he assumes. Unfortunately this is a parameter which is easily observable in the role of the State consultant. And I say unfortunately, not because I decry the need for this "administravia." It is unfortunate because this parameter is at times viewed by well meaning, but I think, misguided or misdirected individuals as something that can be operated by those with only administrative savvy and know-how. Administration is nothing unless the expertise accompanying it is there. And therefore I wish to very much support John's observation that especially in the profession of speech and hearing we must always maintain a high level of professional competency.

The second role that the State consultant often finds himself in, is one of a resource person. Here again I was delighted to hear John state that the State consultant must, even though there are only 365 days in a year, involve himself more and more with problems of his colleagues in other professional environments. In various offices and branch levels of Government--local and Federal, in training institutions, in professional associations, he is the person who is recruited primarily because of clinical competency. And to function as a resource person, one's knowledge of resources must become broadened in order to do the job, outside of the particular community in which he was recruited. It must encompass all levels and environments with which he will have to work.

The third role the State consultant sometimes finds himself assuming is that of a process person. This is usually when he attempts to implement new programs or provide what is at times referred to as leadership. Also when he engages in providing in-service, at times pre-service, programs for professionals in this field engaged in rehabilitating or habilitating speech or hearing defective children, or adults in some environments. In order to be a process person I believe John's point is very well taken that the State consultant must receive additional training. This is a skill - it is a supervisory skill. Unfortunately clinical skills are not always compatible with the spontaneous generation of supervisory skills. I think if there is a need for beefing up the proficiencies of State consultants, especially those recruited from clinical ranks, it is in the area of providing them with supervisory skills.

I was, in closing, very much interested in John's remark about the broadening scope of the speech and hearing consultant at the State level, as our professional field broadens its visage on the types of problems with which it finds itself confronted; the one now under the microscope being language. We are generally characterized as a group of individuals highly interested with the aspect of phonology. I believe we would have much to learn in providing better services if we were to equally be interested in studying the areas of syntax, morphology, vocabulary - not only in the sense of functors and lexical words - but also in the semantic problems that sometimes arise. We need to seriously study the works of such individuals as, possibly, Piaget, Begotsky, Chomsky, the transformational generative grammarian, Allen, the tagnimist, because I think these individuals who are psychologically and linguistically oriented, have much to contribute to our field, too. They can help us clear up some of our muddled categories on what is to be defined as delayed speech, which very likely has some implications on the sensorily hearing deprived child; also the central neurologically disordered child. I think we have much to learn. I think it is vital that we continue to learn. That is the essence of being a professional.

SPEECH AND HEARING IN THE TOTAL EDUCATIONAL PROCESS

AN ADDRESS BY

J. R. RACKLEY
COMMISSIONER OF EDUCATION, COMMONWEALTH OF PENNSYLVANIA
WASHINGTON, D. C., SEPTEMBER 9, 1966
BURLINGTON HOTEL

Part A: General statement about educational programs for exceptional children in Pennsylvania.

In most, if not all, schools, there are children who are exceptional to the degree that their educational needs cannot be met in the regular school program. National census studies indicate that this group includes approximately 12 per cent of our school-age population; findings in Pennsylvania conform roughly to the national estimates.

Education for exceptional children is a cooperative enterprise in Pennsylvania. By legislation and regulation, by payment of excess costs through state appropriation, by cooperative planning involving local districts, counties, and the State, by continuous efforts to extend services, and by continuous efforts to improve services, the Commonwealth has moved to meet the educational needs of the exceptional child.

By legislation

For almost forty years the School Code of Pennsylvania has provided a legal structure for special education within the public schools. However, until 1951 all legislation regarding special education was on a permissive basis; that is, it granted permission to school districts to operate classes and provided some reimbursement on an individual basis for actual children enrolled. As a result of this permissive legislation, school administrators with vision and awareness of the needs of individual children gradually developed nuclei of services.

The 1951 General Assembly took the first step to provide for the trainable child, by providing for the establishment of "approved day care centers" under the direct supervision of the Department of Public Instruction. Fifty-six such centers were established throughout the State. The 1953 General Assembly extended the powers and duties of County Boards of School Directors to include conducting an annual census of the handicapped, the formulation of a county plan of special education, and the power to operate special programs by action of the County Convention of School Directors, with advance payments of funds from state appropriations for special education.

The 1955 General Assembly made all these actions mandatory, thus creating a state-wide program of services based upon approved county plans, incorporating local, county, and State responsibilities, providing conditions under which each governmental unit should operate, and setting up a method of financing by which all costs in excess of normal per-pupil reimbursements for special services were met by State-appropriated funds. At the same time, free transportation for all handicapped children attending public schools was mandated. Thus, by legislative action, free public education was made available to every handicapped child within his own community, and many times within his own school. These acts and the subsequent program development have been so important that they have set a pattern for national action.

The 1961 session of the Legislature took the last and most dramatic step necessary for providing a comprehensive service program to all types of exceptional children. The wording of school legislation referring to "handicapped" was amended to read "exceptional."

By regulation

Classes and programs for exceptional children are operated under Rules and Regulations passed by the State Board of Education, and administered by the Bureau of Special Services for Pupils within the Department of Public Instruction.

All classes and programs which operate in conformity with these regulations as to "location, constitution and size of classes, conditions of admission and discharge of pupils, equipment, courses of study, methods of instruction, and qualifications of teachers" are eligible for reimbursement of excess costs for instruction in accordance with the School Laws of Pennsylvania, 1957, as amended.

To the present, the State Board of Education has approved standards for the following special education programs and services:

Classes for:

- Educable mentally retarded of elementary school age
- Educable mentally retarded of secondary school age
- Mentally retarded, trainable
- Visually handicapped
- Acoustically handicapped
- Educationally retarded
- Brain Injured

    - Aphasic
    - Children in detention
    - Socially and emotionally maladjusted
    - Gifted
- Itinerant programs for:
    - Visually handicapped
    - Speech and hearing handicapped
    - Speech handicapped
    - Acoustically handicapped
- Consultative and diagnostic services

Part B: The role of the speech and hearing therapist in the school

Pennsylvania accepts the philosophy that the speech and hearing therapist working in the school needs, in addition to his therapy training, a thorough grounding in the educational process. We feel that the therapist must be able to adapt his special techniques to the educational materials used in the child's daily program.

Pennsylvania gives provisional certification at the Bachelor's level requiring only minimal standards, but for permanent certification requires that an additional 24-hours graduate credit in the special area be obtained.

The role of the regular teacher in speech work is not neglected. The need exists for speech improvement especially at the elementary level for any child in the normal classroom. Therefore, Pennsylvania teacher-training institutions require elementary teachers to have a course in speech problems. This does not mean that these teachers are specialists, but it provides information to the classroom teacher that permits her to identify children with speech disorders and aids her in developing good speech habits in her pupils.

Part C: Pennsylvania's speech and hearing program

The preceding legislation, the program mandates, the financial support, the comprehensive certification, and the training programs are the foundation which allows Pennsylvania to make speech and hearing services a part of the total educational process.

There can be no argument that communication plays a vital role in all aspects of our society. Our present culture is a highly verbal one. The informed educator is aware of the importance communication processes play in all levels of learning. If we are to prepare children to participate effectively in the learning process, we must foster improvement in their ability to communicate.

Unfortunately, this broad concept of speech education does not always permeate into educational program development. Too often, speech correction programs are viewed as programs for children who have grossly recognizable speech errors, that is, those with cleft palates, cerebral palsy, or severe articulation problems. The speech correctionists employed in school systems are considered specialists to such a degree that little consideration is given to the viable education process of the child and his need to utilize speech in every aspect of his life.

The image of speech correction programs has changed drastically in the past ten years. It now encompasses far more that the original idea of a speech correctionist with his special devices to assist the obviously speech-handicapped child in the upper elementary and secondary grades. Today, the speech program in public schools must pertain to all aspects of the communication process.

Programs directed toward speech and language development, improvement, and correction must be carried on as basic educational activities. Responsibilities for communication work with children who have delayed speech, retarded vocabulary development, and problems noted by the terms dyslexia, aphasia, brain damage, and minimal cerebral dysfunction must be undertaken by the knowledgable educator. The special needs of these children have been recognized by recent Federal legislation. Pennsylvania accepted early its responsibility to this group and provided services both by the educator and the speech and hearing therapist. We feel that the therapist serving a school performs his complete role only when he participates as a member of the educational staff.

In summary, the Pennsylvania Department of Public Instruction advocates the philosophy that special services must be an integral part of the whole educational process.

Major actions necessary to make this educational philosophy functional fall into four categories: (1) financial support, (2) integrated efforts at the school level, (3) maximum use of all available interprofessional resources, and (4) program evaluation and updating.

Financial support

A review of the history of speech correction shows that only when school administrators recognized the value of speech correction to the total education program of children, was legislation enacted to support this service. Legislation provides the financial basis of good quality, continuing programs. Such programs cannot be accomplished without adequate facilities and equipment. The importance of this aspect of speech and hearing service is underscored by the promulgation by the State Board of Education of minimum requirements for facilities and equipment to be provided in the schools. These requirements, approved in 1962, are stated in "The Standards for the Organization and Administration of Special Service Programs for Exceptional Children." Recognizing that these standards are minimum standards, the state encourages administrators to provide the best facilities possible.

Integrated efforts at the school level

Providing facilities and equipment and the space to house and use them does not insure a good program. The specialist must work these into an effective program to insure their most efficient use. But the specialist can operate most effectively only when an environment of cooperation and understanding exists around him. When school personnel are thoroughly aware of the aims and purposes of the speech and hearing activities, they are more likely to contribute to the success of the program by fitting it into the total educational process.

Maximum use of all available interprofessional resources

Many agencies make contributions to the overall speech and hearing program. These exist at the state level, in the communities, and in the schools themselves.

A speech and hearing program alone cannot flourish and develop if it is not supported by proper diagnostics and educational management. This is true no matter what the setting--public school, university clinic, hospital clinic, or private practice. Referral and consultation at every level are extremely important in communication programs. The responsibilities of diagnosing, educational programming, establishing corrective and preventive measures, counseling, and administration are tasks too diverse and demanding to be undertaken by one individual in any school system. The speech and hearing worker must therefore know of the resources which are available to him. He must establish relationships with individuals in and out of the school so that he can call upon them for help when they are needed. The State must play a role in making resources readily available by developing integrated programs at the State level and in fostering cooperation between all agencies.

Program evaluation and up-dating

No program can retain high quality if it remains static. It must be continually reevaluated to insure continuing effectiveness. Service needs may change because of populations shifts, revisions may be required by new technical information or new methods, or reorientation of approach may be needed as attitudes toward special services change.

Program development grows from concern and competence, from need and service, and from evaluation and effectiveness. Speech correction, hearing therapy, or any special service to a child having a communication disorder must be integrated into the total educational, physiological, psychological, and social programs available to him. This service must be supported by organizational and administrative structures cognizant of the time factors involved, the need for adequate facilities and materials, the need to maintain flexibility in scheduling, and the basic concept of integrating this service with on-going daily activities in order that the service be part of the total educational process. But most important, this service to children, if it is to be effective and continuing, must be based upon a sound foundation of good legislation and financial support.

To demonstrate activity carried on in Pennsylvania which aims to satisfy the four major actions presented above, a series of examples are cited below. For the purposes of illustration, there are two broad areas into which the examples fall: (1) Wise use of financial resources, and (2) Wise use of professional resources. Within each category, situations or activities will be cited at both the local and State levels.

Wise use of financial resources

Example 1 (local level): In planning for the construction of new schools, school administrators need to be aware of the requirements for special services. The therapist, therefore, should see to it that proper information is available to the school administrator.

When the specialist participates actively in the school he serves and accepts his role in the total educational process, the administration is much more likely to be aware of the purposes, goals, and responsibilities of the special services program. Specialists can provide a basis for mutual understanding by submitting regular reports defining the program and supplying demographic statistics needed to plan a budget, establish schedules, and integrate the special program into the school's regular activities. Such reports assist the administrator as he judges what are proposed as the pressing needs for adequate and maximum facilities.

Example 2 (State level): A more complete program at the local level may be possible by drawing upon financial resources contributed in the form of services by many different State agencies. Proper use of these resources requires both a knowledge that they exist and action to make them available. The medical aspect of communication disorders is the concern of the School Health Program sponsored by the Department of Health. This program is conducted by the school nurse, a qualified technician, and/or a speech and hearing therapist. All children found through this program to have hearing impairments are referred to State-approved audiology clinics and licensed Board otologists. This service is paid by the Department of Health. Once the final diagnosis of the child's hearing problem is complete he is referred to the Department of Public Instruction. In the 1965-66 school year, nearly 8,000 children were cross-referred in this manner.

In regard to equipment, minimum requirements are also listed in the "Standards." However, each year in Pennsylvania a budget control for our county operated programs is prepared. This includes a set amount for equipment and supplies. For the 1966-67 fiscal year, the amount for existing programs is $1,100 dollars per therapist; and for new or expanding programs, it is $3,500 dollars per therapist. This does not include the State's share of the individual's salary or his travel allowance. Salary scale is adjusted according to certification, qualifications, and experience. A flat rate of $650 dollars per therapist is provided for travel in county operated programs. Obviously, financial support for speech and hearing services in Pennsylvania is not a major problem.

Wise use of professional resources

Example 1 (local level): The school therapist is surrounded by people who represent available resources--the classroom teacher, the school nurse, the building principal, the guidance staff, the school psychologists, and the school administrators. These professional personnel can contribute greatly to a better understanding of the multiple problems surrounding a child with a communication problem. Anecdotal records from the classroom teacher often reveal a behavior problem relating to a child's inability to communicate. Medical records obtained by the school nurse and charted over a period of years may reveal an etiology of a speech and hearing problem. Guidance staff members, psychologists, and school administrators are usually aware of existing resources. The specialist who wished to use all available resources must develop working relationships with all of these people.

Example 2 (local level): In the school environment the antiseptic atmosphere associated with illness or deviance is not present. Many children are receiving special services in various educational areas and accept this special attention without fear or shame. Curative treatments, which are, in fact, educational processes, are at home in the school environment. Special services become "less special" the more they are integrated into the total educational process.

Example 3 (State level): A State-wide demonstration of a hearing-screening technique was presented in the fall of 1965. The technique was developed by the Department of Public Instruction in accordance with rules and regulations established by the Department of Health and demonstrates to every school district the results of the cooperation existing between the Department of Health's audiologist, the Department of Public Instruction's speech and hearing advisor, and its school nurse advisor. The demonstration was followed by an increase of 78 per cent in referrals to the State-approved diagnostic centers and a 50 per cent increase in requests for educational services for hearing-impaired, school-age children.

Example 4 (State level): It is possible to obtain differential diagnostics for children with communication disorders through the Maternal and Child Health Bureau of the Department of Health. This service may encompass anything from a general medical examination to a complete neurological evaluation that includes an EEG. This service is free; consequently, parents do not have to submit to many trying and prying questions of appointed officials with a "service" organization, as is so frequently the case when schools must depend on outside financial assistance.

Cooperative programming identical to this is available in every State where Federal funds are allocated to Departments of Health, or Welfare, or Labor and Industry. These agencies can supplement the educational services and provide a sound diagnostic basis for good quality communication-disorders programs.

Description of speech and hearing programs in Pennsylvania, 1965-66

There are six levels of program operation that concern the Department of Public Instruction: One, full-time day classes for the acoustically handicapped. During the 1965-66 school year, 405 pupils were enrolled. Two, itinerant programs for the acoustically handicapped--685 were enrolled. Three, itinerant programs for the speech and hearing handicapped--80,693 pupils were enrolled. Four, resident school programs of which there are three--1,218 pupils were enrolled. Five, tutorial services beyond those available under the previous levels--approximately 300 children were aided. Six, higher education for the deaf and severely hard-of-hearing--87 were assisted in some manner.

Speech and hearing personnel are employed by local school administrators in either county- or district-operated programs. They are responsible to the Supervisor of Special Education or the Supervisor of Speech and Hearing in their local areas. A total of 601 of these persons were employed in the public schools. The majority of them, who serve children with speech problems only, saw the pupils one day a week for an average of 30 minutes. Most of them were permitted to use one-half day per week for parent contacts, home or classroom visitations, in-service training, direct cooperative programming with other agency resources, and other activities approved by their local supervisor.

The specific schools which the specialist will serve are assigned to him by the administrator who directly supervises his services. However, each therapist is responsible for establishing and maintaining his own schedule within the assigned schools. Selection of caseload is his own prerogative. It has been strongly emphasized by the State supervisor during the 1965-66 school year that caseloads be limited to 100 pupils when they can be scheduled only once a week. Caseloads of a lesser amount are permitted on the basis of equivalent pupil-period load. Recommended caseload for the itinerant acoustically handicapped program is 20 pupils.

Speech and hearing services are not confined to direct service to the pupil; in most instances, the speech and hearing teacher also works with the regular teachers and the parents. This is done in a variety of ways. In some counties programs are broadcast over local radio and educational television channels; in others a series of tapes have been developed that are distributed to the teachers and circulated throughout the school system; some have record libraries, film strips, movies, and other audio-visual materials that are coordinated with prepared written materials; and still others utilize the half day per week for demonstration lessons. Many other ways are used, all designed to lead to better services for children with communication problems.

Many of the speech and hearing people devote a portion of their time to the classroom teacher of the mentally retarded, assisting in planning vocabulary and language development programs that provide maximal reinforcement of good speech production.

All of these regular speech and hearing services operate under mandate for a 200-day school term. What then of the summer months? Eight years ago the Department of Public Instruction was approached about expanding services into the summer months. This particular aspect of program development was considered and given approval under certain conditions. Presently, it is included in the budget controls for county-operated programs. During the summer of 1966, 33 programs were in operation. All counties that elect to operate a summer program must indicate their intent when they submit their budget for pre-approval. A summary outline of the program is submitted with the budget. But prior to May 1 of the year for program operation, a complete and well-delineated program outline must be submitted for review and advisement by the Department of Public Instruction. This outline must provide for a different kind of service than that available during the regular school year. A mere extension of services offered in the school term will not be approved. For example, some districts that may not be able to offer services to pupils in the secondary schools will gear their summer program to this need. Others operate programs for children who will be enrolled in the first grade and who were discovered to have speech problems during the school registration examination. Several have concentrated on programs for stutterers. But all programs have three points in common: one, they offer different programs than those available during the school year; two, they include concurrent parent programs as an integral part of the summer service; and three, they limit caseload to 16 pupils who are seen three or more times per week.

DR. SARA CONLON

REACTOR TO THE SPEECH BY

DR. J. R. RACKLEY

SEPTEMBER 8, 1966

Dr. Rackley, thank you very much. I think that this talk will be of great assistance when it is published into our final summaries. It is my belief, at this point, that if Joseph "Mephistopheles" Wolvek could start his summary with the word "Amen." I, Sara Conlon, woman speech therapist, can restrict my remarks to fact at this point. I shall try.

In listening to what was said yesterday, and knowing some of you from your communications, I believe that there are many ways of running an excellent program. But perhaps there are two ways, two things, that can shatter us, and it seems to be the core of your group discussions this afternoon. One way to me to hinder what we believe we are leading toward is to be without a philosophy that is spelled out in some active terms. For as one of the outstanding philosophers of the world, my grandmother, said "As your motives go, so go your results." And this is why there are certain questions being asked today, "How should we view ourselves?" and "Why do we exist?" This leads us to the statement made today that when the specialist participates actively in the school, he serves and accepts his role in the total educational process. What does this mean to you as a group?

The second point which I think Dr. Rackley really hit, at the last bit, was communication. Underlying legislation and your money, is the fact that legislators need to know about speech and hearing. And another point that went along with this, to me, was not only to whom do we speak in our position, but to whom do we listen. Certainly research has shown us, the programs that have better understanding have had communicators communicating upward, administratively; horizontal communication; and communication to the people who are the taxpayers, the ones who literally handle what we may do in the long run.

This afternoon you will notice, as you look over what is to be discussed today, some rather pertinent questions. Very honestly I don't think I should say any more than this because knowing this group you can carry on from here, but do give it some very serious thought. I believe that today we are hitting at the very meat of our existence. How do people view us? How would we like to be viewed? Why? Where are we going? Where should we be going? What is our role of existence? Who knows, maybe we are not needed.

MANPOWER NEEDS OF SPEECH AND HEARING PROGRAMS IN THE SCHOOLS

AN ADDRESS BY

KENNETH O. JOHNSON
EXECUTIVE SECRETARY
AMERICAN SPEECH AND HEARING ASSOCIATION
WASHINGTON, D.C., SEPTEMBER 7, 1966
BURLINGTON HOTEL

The development of State plans, which is the topic of this Conference, must necessarily concern the manpower situation. I'd like to talk with you rather informally about this topic today, because it happens to be a very serious one for us, and I think we have no way at all of sloughing off the importance of it. There are no pat answers to the problems which we face. There are, I think, some things that we can do to cope with our manpower problem. But I think that discussion of it, and understanding of what it really is going to mean to us, is extremely important and this particular meeting is a very good time for us to delve into a number of ramifications of it.

First of all, what is the extent of the manpower problem? There's an impossible array of figures about the incidence of speech and hearing disorders. You heard just yesterday, I think at least three different figures given for the incidence of speech and hearing disorders, and these are all official pronouncements by leaders in Government. Even the President himself has come out with a statement - I'm not quite sure how you top that one - but at any rate, I presume that in the proceedings of this meeting, which will be published, will be the array which we heard yesterday, and there may be many more presented before we're finished.

I've heard the incidence of speech disorders, sometimes referred to as low as something less than 1% of our population, and sometimes as high as 30 some per cent. I heard an individual within the past week indicate that to consider there were something less than 30% was nonsense. I've heard and seen in print, on many occasions, the figure that there are some fifteen million hearing handicapped individuals in the United States. That figure has been publicized and promoted by a National organization that has some basis for accumulating such figures. I have seen in terms of estimates of the number of people needed in our field to provide these services, numbers ranging anywhere from twenty thousand, which was a published statement by ASHA, on up over forty thousand people. As I have indicated, yesterday we heard some three or more figures.

We are now doing in the National office a number of surveys to accumulate data which we hope can be provided to the Council, and which will have sufficient validity and perhaps reliability, for the Council to endorse a set of figures which at least for us can represent a common base of discussion and perhaps a common base of study.

If we take, however, a conservative figure; and I think that you in this room would agree with me that a conservative figure for speech and hearing and language disorders in the population of our country is three per cent, we end up with a rather formidable problem as far as manpower is concerned. Based on the population in existence in 1965, we would estimate that there is a need for perhaps 24,000 specialists. In 1970 there will be a need for 27,500, and in 1975 about 29,000 specialists will be needed.

How many people are there actually working in this field today? Again, we're in the process of accumulating data - and by the way, we're right now beginning to come close to having some kind of good figures for you. I don't have them available today. At the present moment, however, ASHA has about reached a peak of 13,600 members. We're declining a little bit and will decline a little bit more this year because of two factors: one, of course, is the loss of the associate members which occurred a year ago; and secondly, the dues increase which is causing a number of people that have been just staying affiliated, to drop out. But we figure that we have now approximately 10,000 people that you would consider to be active participants in the field. These are people that belong to ASHA. In addition, we estimate that there are about 4,000 people that are active in the field in some way, that do not maintain membership in any speech and hearing organization at all. Let's say then, we have a total work force, at best, of around 14,000 people.

This numbers game in terms of both incidence of handicapping conditions and the number of people to serve them is of some value to us even if we don't have firm figures and a firm base for them, because they do tell us a few things which are important. First of all they tell us we are not meeting the need today, and on the basis of information which we have available to us, we're certain that we cannot meet the need tomorrow. Within the past few weeks, we have collected information from 36 of the States on the number of positions available, right today, in those States. We were not able to get information from some of the major States, such as Wisconsin, Ohio, New York, Missouri and several others - and so I indicate the names of those States to you only to indicate that we may have in our figure no more than half of the figure which should exist on the number of positions available today. The figures we have indicate that in 36 States there are some five thousand positions which are presently available which are not filled. That's quite an alarming figure.

During the months ahead, and particularly, if new legislation is passed such as the Carey Bill, I think we can expect that there will be a rapid development toward the establishment of positions similar to those which most of you in this room have as heads of State Department Speech and Hearing Programs in the balance of the States. I believe there are 16 that do not have them. I'm sure that you would all agree with me that as soon as you establish such a position as that, you have immediately created additional vacancies within the State, because you now have somebody to begin to promote the program and convince individuals that there are needs within the State and it takes specialists in the field to satisfy those needs. Between prospective legislation and existing legislation, I see no possibility of any sort at all of meeting these needs as we proceed in the direction in which we are proceeding at the present time.

The problem then is clear, and what is it that we are to do about it? Remember I started out by saying there are no magic answers to this problem, but I think an explanation of it is of some considerable importance to us. I think that you can attack the problem of the supply of manpower and there are some directions of attack already established, with additional ones in prospect.

First of all, I've indicated that we have hope for additional Federal legislation. If the Carey Bill is successful, and if it is passed, there is then prospect for additional funds which would make it possible to establish more training programs at the graduate level, and increase the supply of fellowship funds in our colleges and universities. I believe that there is an enormous need for graduate fellowship monies over and above that which is currently provided. I believe the Office of Education alone, received requests for many times the amounts of money for training program and graduate fellowship support than it had available. Additional legislation which would perhaps encourage the providing of increased appropriations would thus be important.

We have considerable prospect for growth if we examine the growth of the supply of people in our field, if we just reflect on the increase in the number of training programs which we have seen develop in this country in the past few years. It's a funny thing that even in our office where we're supposed to be sitting on the top of data, upon the top of the latest information available, I continue to talk about 42 or 43 doctoral programs in our field, and we've just discovered that there are now something in excess of 50 of these. We have approximately 100 or more master's training programs now; when not too many years ago the total number of undergraduate and graduate programs did not exceed that 140 figure which I've just given you. So we are growing rapidly in terms of the number of training programs which are going to supply our field with personnel.

Beside the development of Federal legislation, and the expansion of the appropriations, which can increase the number of training programs and increase the amounts of money for graduate fellowships, we can also hope to improve our manpower situation by the development of major recruitment programs. Within the past month we received a grant for some thirty thousand dollars from the Vocational Rehabilitation Administration for the initiation of what we will call a comprehensive recruitment program. But this is a very modest amount of money to carry on a recruitment program for a field such as ours. I would estimate that it probably would take approximately 100 thousand dollars a year over a good many years for us to mount the kind of recruitment program which we really need in this field.

In the Carey Bill there is a section which would make it possible for funds to be granted to organizations such as ASHA for the development of a recruitment program, and as a consequence I'm very hopeful that legislation will be approved. You people will probably be contacted by us some time in the future if it appears that the legislation, that bill, may come up for a vote. It's unfortunate that at the present time we are not able to secure the kind of support which we need for a recruitment program from some of the other agencies, including the Office of Education. There is, I hope, sufficient justification apparent here that as soon as such authorization is approved, that the Office of Education will move into recruitment programs.

I had hoped that Dr. Bigelow would still be here, I'd like to have addressed a couple of these remarks in his direction, but we may have an opportunity a little later on. In addition to mounting a recruitment program, I think we must find some way of encouraging many of the individuals who are retired from our field to move back into it on at least a part-time basis. Again thinking in terms of qualification and not compromising with this issue in terms of independent responsibility. But there are now thousands of individuals who make up the retired work force, so to speak.

ASHA, a few years ago, tabulated its record on the number of people that no longer were members of the organization. This doesn't necessarily represent the retired force, obviously, but we found we had records on 8,000 individuals who were formerly members of the association and had for one reason or another dropped out. I'm just presuming that a very large percentage of these people were young women that became married and started to raise families and had not yet rejoined the profession. It may be that we can find some way of attracting many of these people to come back in and help on a part-time basis.

Now there is another factor, another thing that can be done, but we at the present time haven't arrived at any kind of a decision which really makes it possible for us to talk about it in encouraging terms. All I can do at the present time is to expose the issue to you for further discussion and consideration both here perhaps and within your own State programs. But consideration should be given to experimenting with the concept of aides, or sub-professional people. There is a great deal of mixed reaction, sometimes not so mixed, when that subject is proposed. People feel that this is a contradiction to my constant enunciation of non-compromise with existing standards. This is not necessarily so. I do recognize that my arm has been twisted in the process even to get as far as I am. But the arm twisting is something which I think we all must look at also very, very clearly.

There are today aides in our field. We have had them in our profession for a good many years. The number of aides in our field is increasing. This is a fact. Another fact is that the Federal Government has developed substantial interest in the creation of what we might call aides for the Health professions, and in this regard they're considering us as part of the Health profession. With the existence of aides, with the pressure which I think is certain to come through Federal monies and Federal encouragement, it seems to me virtually inevitable that we will see the development of some kind of an aide population in our field. Now we may or may not like that, but I don't believe that is going to have anything to do with it. I could be wrong in this but I think that this is a fact.

Community colleges, two year college programs, are beginning to find the speech and hearing field an interesting area in which to train people at the two year level. I've had people from two college programs come to me asking, what would we suggest they do in terms of standards. What should they provide? They find that their community college is being geared to the training of the development of aides for a whole host of professional fields, and they would like to get in on the act as far as speech and hearing is concerned. They're looking for our guidance, and at the present moment we have none to provide them. So I'm saying to you that you have to give consideration to the issue of aides in this field. You may reject it, but it must be considered.

If you consider it, then these are the issues that you should consider I think. First of all, we need to know what these people should do. If they can do something, you have to begin to specify what it is that they can do, and likewise what it is they cannot do. Secondly, if this is what they can do, we need to talk about what kind of limited training should be provided for them. And this is the third question, which really is first in most everybody's minds when this topic is discussed - how should we control them?

Everybody is concerned about the relationship which the aide will have with the non-aide, or full professional worker. That's the thing which makes us anxious in this field, and I think we should be very honest and candid about it. I think that since there are aides today in our field, and since many of us in this room have been encouraging the use of aides, it's nonsense for us to say "No, there is nothing that they can do." We have been promoting for example, the use of laryngectomies to help the laryngectomized patient, as an aide. I even believe that officially the association has tended to support this kind of a position. You can go on from there with your own imagination, I'm sure, but you have these three issues to consider: What is it that they should do? What kind of training should they have? How, then, can they be controlled?

I think we need to look for ways of conserving the personnel we have. Some would say that we should address ourselves to those who are in the greatest need, and to those who are most able to benefit from our services. Certainly these are issues which we should think about. If we have a very limited number of people to work in this field during the years ahead, are we justified in not giving first consideration to those who most need our services, and to those who can most benefit from it?

Now there's another way in which we can approach this problem. We can, I think, consider the layman's criteria of the speech handicapped child. There is a distinct difference between the incidence figures which come from laymen, and the incidence figures which come from those of us who make up this profession. Obviously then, there are different criteria which are applied. We need to think about the significance of that difference and give some consideration to the criteria which the layman uses. Nobody has ever said what these are, and I suspect that these are concepts which he's built up over a lifetime, as to what's important and what isn't. To those in the profession, acoustic difference has tended, I think, to be the primary criteria. This is not the case with the layman, perhaps.

In conclusion, new legislation brings to us new opportunities to contribute. We must use present and future legislation to the maximum advantage of speech, hearing, and language handicapped children and adults. We are in, not entering, the most competitive period of our profession's life. Our competition is for the talented individuals interested in a service profession. Let us truly exert ourselves to develop programs which will attract, but at the same time, let us reexamine the use to which we put our present manpower and seek to devise ways of getting maximum mileage for the public for it's manpower dollar.

I hope this meeting will spark the marshalling of all our forces toward the critical problem of communication disorders in the schools. There has been as you are all aware, perhaps better than anybody else, much effort in the past, but perhaps our effort has been too individual. Perhaps we may profit more, and perhaps the public may profit more, if our efforts are better coordinated. We must not lose sight of the fact that though we have special interests based in employment environment, or type of activity, we are all a part of a profession which has a single major goal; that is, the welfare of the speech, language, and hearing handicapped citizen of this country. Now let's keep that goal in mind and seek to marshal our efforts in a coordinated drive in their behalf.

NEW DIRECTIONS IN STATE PLANNING FOR THE PROVISION OF SERVICES FOR CHILDREN WITH COMMUNICATION DISORDERS

AN ADDRESS BY

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WASHINGTON, D.C., SEPTEMBER 9, 1966
BURLINGTON HOTEL

It seems only appropriate that the terminating address of our conference is concerned with "services" to children. (Of course, that is what all of us have been discussing for the duration of the conference.) I accept this challenge to speak to you on "New Directions in State Planning for the Provision of Services for Children with Communication Disorders" with a great deal of humility, and, in all honesty, a great deal of pride. For, in my opinion, the "service" aspect of our professional functioning and "mandate" justifies our very existence. Unless we assume serious responsibility for innovative and meaningful services to the children in our schools we are being grossly negligent or derelict in our various professional environments throughout the nation. In discussing services to children I am going to be perhaps audacious and presumptive. I shall do my best to avoid vague generalities. Those of you representing over thirty state departments of education undoubtedly know more about speech and hearing programs throughout the nation than anyone else. You have demonstrated your insight in your group discussion results during this conference. Since most of you are as well informed as I, please forgive me if I point out the most obvious in many instances and call your attention to the inevitable. As you know, "providing services to children" in a field as intricate as ours, is a complex subject which, to be discussed meaningfully, must be discussed from its many-sided dimensions. I shall do my utmost to avoid over-simplification.

In these times of great awakening to the material and psychological needs (and their interrelationship) in large populations of our citizens, we have a clear and increasing mandate to provide new direction in state programming. Old professional cliches are no longer adequate (not that they ever were) in explaining our behavior or justifying our goals for children with communication disorders.

New direction in state planning of services for children with communication disorders should be built on (1) carefully reviewing, studying, and incorporating our successes in our speech and hearing program; (2) learning from our failures in providing services; (3) genuinely respecting, understanding, supporting, and complementing the total educational program for the individual child without dissipating or sacrificing the specialized services of the speech and hearing program; and (4) innovating a "plan of action" in our programming for children with communication disorders based on research, experimentation, and experience.

Rather than rely on sheer speculation for supporting evidence in developing my topic with you today, I shall concentrate to a considerable extent on evidence amassed from our programs in California, plus evidence reported by speech and hearing specialists throughout the nation in our open meetings of the American Speech and Hearing Association Committee on Speech and Hearing Services in the Schools. For five and a half years (a relatively short time) as Consultant in Education for the Speech and Hearing Handicapped in the California State Department of Education I have observed very closely at many different professional levels the progress, failures, trials, dilemmas, and struggles of speech and hearing programs in the most populous state in the nation. This fall we will have over 4,400,000 pupils enrolled in 58 counties, in kindergarten through grade 12, with over 1,000 speech and hearing specialists (close to 15% of those in the nation) providing services to children in the public schools. We will be providing services to Alpine County with as few as 120 pupils in its schools, as well as Los Angeles County with over 1,475,000 pupils enrolled in its schools. We will face needs and problems in urban, rural, impoverished, wealthy, isolated, sophisticated, and disenchanted communities. We will be concerned with meeting the needs of children in counties where there was a school population decrease in one year of as much as 5.1% in Modoc County, as well as a county with an 18.1% increase as found in Mono County.

I shall draw on evidence from experiences in a State where two state consultants work with state-wide school, county, and district personnel at all levels, and with academicians of some 20 college and university training institutions in speech and hearing. We work in a State where close cooperation exists with a speech and hearing professional organization of about 1,000 members.

I am mentioning this information about California, not to impress you with its scope, magnitude, unwieldiness, precocity, or retardation, but instead, in a sincere belief that we have accurate representation in our state of the same and similar problems, needs, dilemmas, heartaches, and goals which you face in your professional environments. (By no means am I being audacious enough to suggest California as a model to follow.) Of course, there are differences, but I believe there are also many common core concerns and interests which we may share and hopefully profit from in our being constructive in discussing "services" for children with communication disorders. May I assume you had rather I talk about actual situation, problems, and programs rather than fantasies?

So, first of all, we are going to build a new direction in state planning for services based on our successes. What are our successes? Do they exist? Are our successes your successes? If so, have they contributed to the professional growth of your program?

1. One success may be that we are now rather solidly an integral part of the public school system. The schools have positive and unique characteristics as a site for our services. This employment environment is advantageous in that children are usually available every day; other specialists are readily available; we have a wide age-span of children with whom to work; we have records of other specialists available; and, our route to parents is a clear one; etc.

   We will have over 1,000 speech and hearing specialists in the public schools in California this fall. We have specialists serving out of county and district offices. We have State certification laws, State and local financial support (even though insufficient), and we are on rare occasions commended by school administrators and local newspapers for doing a commendable job.

2. Secondly, we have achieved perhaps reasonably acceptable competence in coping with certain communication disorders. "Articulation disorders" may be a good example. Surely our "cleft palate teams" have done an outstanding job.
3. Thirdly, we have certainly made gains in our credentialing requirements. Not without trauma and gnashing of teeth, mind you, but we have made progress. In California we now require five years of college work for a clear credential in speech and hearing, including 37 semester hours of specialized work in speech and hearing, plus 225 clock hours of practicum. (No State apparently requires the full standards per se incorporated in the ASHA Certificate of Clinical Competence.) According to a compilation of State certification standards made by the ASHA Committee on Speech and Hearing Services in the Schools last March (1966) the clinical speech course work required ranges all the way from 3 semester hours in two States to 37 semester hours in one State. The master's degree or its equivalent was reported as being required in only two States.
4. Fourthly, we have had some success in reducing caseloads of speech and hearing specialists. In our State we have a regulation

stating that a full-time speech and hearing specialist may work with no more than 90 different pupils in any one week; and we are wholeheartedly convinced a regulation, not just a recommendation is necessary. It is recommended in our State Department bulletin that "If the children are seen in a speech therapy session two or more times each week, the caseload should be limited proportionately; i.e., if all children in the caseload are in sessions twice a week, then the weekly total caseload should not exceed 45 children." In obtaining our caseload regulation we had to fight a hard and bloody battle--a battle of intense cooperation and hard work of many people in school districts, counties, professional organizations, State Board of Education, colleges, and universities, and the State Department of Education. Among other tactics we developed "caseload regulation criteria." (In other words, we are referring to reasons given for supporting a caseload regulation.) The criteria included:

(1) Working with large numbers of children dissipates the quality of service provided by speech and hearing specialists.

(2) In a State-wide study, 60% of the speech and hearing specialists believed their caseloads were too large.

(3) Eighty percent of the specialists indicated action should be taken in limiting the number of children in their caseloads.

(4) The frequency of therapy is affected by caseload limits. Lower caseloads encourage more intensive therapy and assessment and appraisal.

(5) Dismissal from the speech and hearing program is prevented with excessive caseloads, and, of course, adding new children to the caseload is restricted.

(6) State regulations give valuable support to assuring implementation of professionally-sound practices at the local level.

(7) Lower caseloads encourage and permit more meaningful time for teacher and parent interactions for the good of the child.

(8) Lower caseloads encourage adequate record keeping and reporting.

(9) The size of caseloads should be amenable to individual and small group scheduling.

(10) The operational or actual caseload may be significantly less than the maximum (in California this maximum is 90).

(11) When consideration is given to the nature and severity of the disabilities of the pupils in the program, the scheduling of therapy should be on a frequent basis.

All of these eleven items were widely discussed in seeking our "caseload regulation." Needless to say, it necessitated "selling" the merits of our program.

5. Now back to our other successes; fifthly, we are more aware of the need for thorough assessment and appraisal of children. Fortunately, we appear to be more aware of the child's social, emotional, intellectual, organic, home, and peer needs these days. Van Riper personalizes this

so effectively in the August 1966 issue of the Journal of Speech and Hearing Disorders when he asks these two questions about the individual with whom he is working: "What is it that this person needs?" and, "What is it that he needs from me?"

Today I am calling your attention only to the successes I believe are having or have had a real effect on our progress. Many successes are obviously "unsung." Perhaps the one we should not forget to include related to the individual therapist who helps the individual child.

Do we learn most in providing new direction for services from our successes, or do we learn most from our failures? Let us examine some of our past mistakes or failures or weaknesses and determine, if at all possible, if we can profit from them. With very little elaborating because of time limitations today, I would like to enumerate some ("Our" meaning speech and hearing personnel at all levels in the public schools) failures:

1. Isolation of ourselves from other school personnel is a real problem. I believe such remarks as these tell us something: "Was that attractive young lady a substitute for the fourth grade teacher?" asked the school secretary one day when the speech specialist went by the door. "I never see the therapist" is a common comment of the classroom teacher.
2. We have often lost proper perspective in our work: we have placed paramount importance on speech and hearing therapeutic techniques, per se, and disregarded their relationships to total language communication and perceptual development of the child.
3. In many instances we have failed to thoroughly assess and appraise a child before beginning therapeutic procedures. Do you know in

your state, for example, how many specialists place their students in therapy immediately after screening?

4. We have even failed at, or been remiss in, learning the prevalence of communication disorders in the schools.
5. Have we succeeded in establishing clear, conceptually sound therapeutic goals? If we have, where is the evidence?
6. We have failed to keep objective, normative, standardized information and data on children in our caseloads.
7. We have failed to assess the sociological deficits of communication disorders of children.
8. We have failed to communicate and coordinate information at our disposal to our colleagues throughout the nation.
9. Probably our greatest sin has been in assuming too many roles in our functioning in the schools.
10. We have failed to fully identify, understand, and "fit into" the public school structure and organization. That is, we have given only token recognition to manifesting an understanding of our relationships to boards of education, school administrators, and professional colleagues in the schools.
11. We have failed to take full advantage of current funding, particularly Federal funding.
12. We have been grossly negligent in our colleges and universities in adequately preparing speech and hearing specialists for service in the public schools. This neglect involves subject matter, clinical competence, supervision of students, and depth of training. What

has become of the college professor who devotes his time to supervising students, keeping up with recent publications in our field and related fields, and preparing lectures, demonstrations and materials which prepare his students for clinical service in the public schools? Is the professor too occupied with a private practice on the side, publication for faculty advancement, or research which is required if he "gets ahead" in his institution of higher learning; or, is he perhaps too submerged in the affairs of professional organizations to devote adequate time to his teaching?

13. We have a strong, scholarly, growing national professional organization in speech and hearing. Particularly through the JSHD policy changes and editorship, and financial and moral support of the ASHA Committee on Speech and Hearing Services in the Schools, this association has been very supportive of school affairs. Evidence is obvious that we have failed to establish an effective national professional organization, however, which democratically and effectively represents and reflects the unique interests and needs of public school speech and hearing personnel and their programs. Even though over half of the members of the American Speech and Hearing Association are affiliated with the schools, none of them are officers of the Association, none of them are counselors, none of them are on the Publications Board, very few have choice committee assignments. (This, mind you, is our major national professional organization with a strong power structure vested almost solely in a

strong council and effective Executive Secretary.) Does the Council for Exceptional Children represent us any better? CEC is represented by public school personnel in its Executive Committee, Division Presidents, and Committee Chairmen, but, none of them are specifically in the field of speech and hearing.

14. We have failed to carry pertinent research in areas amenable to and fertile for experimental study. We have yet to show the validity of many of our practices and assumptions. (Read the Proceedings of the New Orleans Conference, January, 1966, on Research in the Public Schools for excellent ideas on needs for research and ways of approaching such research.)
15. We have failed in incorporating professional concepts and achievements at the operational level, even though these achievements may already exist in laboratories, "halls of ivy," and in various publications. The area of audiological assessment is a good example. How many of your schools obtain accurate assessment of the child's bone conduction threshold, speech reception threshold, speech discrimination, or functional hearing loss?
16. Also, let us not forget that too often our counseling techniques and concepts with parents and children may be dated. What evidence supports the clinician conferring with the parent "behind the child's back?" Or, when is it more appropriate not to see the child, but instead confer with the parent?

I have suggested only a few weaknesses in our field I believe we should examine carefully. Perhaps our honest self-appraisal may lead to insight, motivation, and action to correct these errors at both State, national and local levels.

Of course, closely allied to our failures are our professional problems, dilemmas, and anxieties. Strangely enough, four outstanding colleagues of ours, all from institutions of higher learning, have expounded on these problems, dilemmas, and anxieties, and done an exceptionally excellent and accurate job as far as I am concerned in their synthesizing and describing. (It makes one wonder why the public-school-affiliated individuals themselves have not verbalized these thoughts.)

But whether we are one of Ainsworth's "participants" or "separatists," or Van Hattum's "defensive clinicians," or Milisen's "communication clinicians," or Van Riper's "competent clinicians," we must face the realization that these school problems and dilemmas must be solved perhaps first and foremost by school personnel in their school environments with the help and guidance and wisdom of legislators, parents and college personnel. These are the professional environments of school laws and regulations, policies, schedules, demands, and challenges.

Next in my major thesis, today, I mentioned we must plan for new direction in services by "genuinely respecting, understanding, supporting, and complementing the total educational program for the individual child without dissipating or sacrificing the specialized services of the speech and hearing program." I have touched on this briefly in discussing our failures, but allow me to elaborate on this theme very quickly. The classroom teacher, the psychologist, the school nurse, the principal of the school, often the social worker, and others, possess and contribute valuable information and guidance to the speech and hearing specialist if free lines of communication are maintained between them. And the speech and hearing specialist should never hesitate to take the initiative to open these lines of communication.

Who in the schools knows better than Rachel Davis, the third grade teacher, how well 8-year-old Bob Elliott relates and communicates effectively with his peers? How does the specialist learn realistically about Bob's self-concept and its relationship to his learning ability and social development? Is it just a matter of studying results of standardized tests and observing casually in therapy sessions, or is it a combination of these plus frequent conferencing with the child's parents, Bob's teacher, the psychologist, and others?

Perhaps an even more specific and fundamental and basic example of the importance of this interprofessional rapport is in logically making a significant contribution to the child's sequential development. How can it be done without putting heads together?

If we ever make ourselves and our objectives known to other school personnel we must work closely with our colleagues in the schools. But we must not lose sight of our unique contributions as speech and hearing clinicians (i.e., as assessors, appraisors, evaluators and therapists) in assisting in the total educational effectiveness, achievement and development, of the child. In other words, to be a "participant" in the schools should not mean we must sacrifice the professional skill, quality, and effectiveness of being the "separatist." Is it not true that through our refusal to compromise our roles we make our greatest contribution to the child's curriculum development?

How will we interpret, then, to school administrators the contribution of speech and hearing to the education of children? (The first vital question suggested for this afternoon's discussion.) I maintain we must first of all know why and how a communication disorder affects a child's learning potential and emotional and social development and their interrelationships. We must know the dynamics of "cognitive learning" and the major contributions of language in the complex processes of learning. Once we know and understand in these areas, we must then set about to discuss these matters with individual teachers, small groups of teachers in the schools, and hopefully with the administrator's support and blessing. This is the sort of guidance we as state consultants need to emphasize in working with specialists throughout our respective states.

Those of us at the State level need to promote guidelines to assist the local clinician in accomplishing these goals with administrators. For example, in our State policy bulletin we included a chapter on Responsibilities in a Speech and Hearing Program and enumerated subcategories for "Responsibilities of School Administrators"; "Responsibilities of the Classroom Teacher"; "Responsibilities of Speech and Hearing Specialists"; and "Responsibilities of Parents." (We felt it was also helpful to include in our official policy bulletin an approved list of functions of the State Consultants in Education of the Speech and Hearing Handicapped. Have you seen what we are responsible for on page eight of our publication?)

What do we need, then, in solving our problems and capitalizing on our successes? What steps should we take in innovating new directions into our programming services for children with communication disorders? In other words, what should be included in our "plan of action" at State levels in speech and hearing? In making my few suggestions I am going to gear them directly to those of you affiliated with State Departments of Education. You and I are in positions which give us the privilege of observing programs throughout our individual States. We have a better opportunity to know the wide scope of idiosyncrasies of public school speech and hearing programs than any other professional workers. We can see the wide spectrum of legislative, administrative, supervisory, and operational aspects of speech and hearing programs. We should do our utmost to enhance our field's objectives in each of these areas and at each level (State and local).

Again, to bring my suggestions to the "gut" or "working" level I am going to rely on my experiences in California and tell you what we have done or intend to do. You undoubtedly will have suggestions of your own which are excellent, pertinent, insightful and creative. (Just please share them with me.)

1. First, we must elucidate our role and function in the schools, put them in writing, and make them known to every one concerned.

In accomplishing this goal, we have published a statement in our State Department bulletin. The statement is entitled, "Services and Functions of Speech and Hearing Specialists in Public Schools." This statement is officially endorsed by my department. In formulating such a statement we believed it was extremely important that it reflect as accurately as possible the beliefs of professional personnel throughout our State. So we worked vigorously through an ad hoc committee of the California Speech and Hearing Association in writing our statement (a committee composed of top officers of the association, district, and county supervisors and consultants, speech and hearing specialists, a college representative, and the two state consultants.)

Our point of departure was the ASHA statement published in April 1962 in _ASHA_ on services and functions. Once we completed our statement we obtained endorsement of the Executive Council of the California Speech and Hearing Association. After obtaining permission to publish it in our Division bulletins of the State Department we also published it in our widely circulated monthly State Department Journal, _California Education_.

I believe, perhaps, we should do even more in clarifying the concepts supporting our role of assessment and therapy as an important step to the communication impaired child's educational achievement. We should also strengthen and reinforce our ways of complementing other school personnel in whatever statement we formulate.

We still have large populations of professional colleagues in California we have not reached. Perhaps we shou circulate ourselves and our message (that is, our objectives) with more school administrators, local boards of education, and groups of our allied professionals.

2. If we (you) believe the speech and hearing clinicians in our (your) State are unprepared for their roles in the schools we (you) should instigate and plan meaningful in-service and perhaps pre-service training for them.

We have at least made a start in this area. We have hardly begun to tap our potential resources, however. This Fall we are holding a Special Study Institute for 130 school clinicians, select college representatives, and speech and hearing supervisors on Advances in Assessment of School Children with Communication Disorders: Implications for Therapy. This is a three-day institute sponsored and planned by the State Department of Education with Federal funding under P.L. 88-164. The specific purpose of the institute is to enhance the skills and knowledge of practicing speech and hearing specialists in the schools in appraising and assessing the child with a communication impairment. Particular emphasis will be placed on the implications for therapy. The institute is designed to synthesize current research findings, give meaningful suggestions for ways of incorating these findings into therapy and enhance an operational program for children with communication impairments. Each of the four well-known instructors has been asked to eliminate survey and introductory materials and concentrate instead on information and ideas at a sophisticated level. The two state consultants and an appointed director have done all of the designing and planning of the institute.

Our in-service training also involves the state consultants speaking to area meetings of clinicians on program organization, policies, rules, regulations, and often a specific topic pertaining to an area of vital interest at the time. Good rapport with district and county personnel makes this type of in-service training possible. Los Angeles County is a fine example of an area where the County Consultant conducts regularly scheduled area meetings of in-service training. Our County Consultants provide a fast and efficient avenue for communication between State, county and district levels.

Title XI of the NDEA providing Institutes for Advanced Study in specific fields should also be examined very carefully for possible implications for our personnel, particularly those working with disadvantaged youth. Services to children are so dependent on up-to-date training of personnel offering services.

Of course there are always exceptions, but, we believe that college/university preparation of the clinician could be strengthened significantly in all of the twenty college/university speech and hearing programs in California. What would you think of the student-clinicians who recently were placed for their clinical intership in the San Bernardino Schools by their college director even though they did not know the International Phonetic Alphabet? Nor were they informed in the use of the Templin-Darley Test or know that the ITPA has real value in our program there. Perhaps they were taught that, after all, "Aren't all disorders of articulation corrected by working out aggressions and strengthening the self-concept?" Perhaps this is an atypical example, but we have learned there is always a need for in-service training of the specialist beyond his academic preparation. I just chaired a discussion group in Orange County the day before I flew to Washington and heard school administrators, psychologists, and speech and hearing personnel express this dire need.

3. What about the college and university's role in "new directions for services?" Staff members in institutions of higher learning have a grave responsibility to teach their students the necessary concepts and skills in providing services to children.

In holding eight open meetings for speech and hearing personnel in the schools in St. Louis, San Francisco, Philadelphia, New York City, Atlanta, Oklahoma City, Houston, and Long Beach in 1964 and 1965, those of us on the ASHA Committee on Speech and Hearing Services in the Schools discovered school personnel have definite opinions about limitations in their college training. Van Hattum summarizes their thoughts very well in his August 1966 article in The Journal of Speech and Hearing Disorders: (1) his training is not appropriate for the tasks with which he is confronted; (2) some of the training he has received is inadequate; (3) he does not get research help or practical advice to assist him in more effectively solving the professional problems confronting him; (4) he feels that his professional colleagues do not respect him, not even the college or university which trained him." Why do clinicians have these feelings? Something must be wrong.

Again, let me turn to our experiences in California (where according to the September 5, 1966 issue of Newsweek, page 23, 43 per cent of the nation's vegetables, fruits, and nuts are produced). It is rare indeed that any faculty member in any of our college programs observes in a public school, not even to consider conferring and sharing ideas with superintendents, principals and teachers. It is rare indeed that the processes and concepts of scheduling, financing of speech and hearing programs, understanding administrative structure and school regulations, and relating to teachers and other unique aspects of the public school working environment are taught in the curriculum of the college training program for speech and hearing personnel.

In a beautifully written article on The Nature of Academic Freedom, on page 13 of the August 27, 1966 issue of the Saturday Review, Henry Steele Commager states: "A university is a place where young and old are joined together in the acquisition of knowledge and the search for truth." He goes on to say: "Society provides freedom for scholars and for the university as an institution...because it wants to discover truth about the schools and reflect their findings in their teaching potential speech pathologists, audiologists and language specialists to serve in the public schools, and therefore provide professionally sound service to children. This truth should be sought conscientiously by the academician without interference in any way, at any time, through pressure, intimidation, distraction, or seduction. All I am suggesting is that it might be helpful in "finding the truth" for university and college staff members to observe in schools, confer with supervisors, teachers, experienced school clinicians, and reflect their insight in their teaching students in their classes.

An attempt at a better interchange of ideas has been instigated at one of our State Colleges in Los Angeles with the objective of improving supervision of student clinicians in the schools. Several seminars have been instigated, informally, by a college staff member. Invited were other college/university training personnel, supervisors from school districts, county consultants in the area, and the state consultant. The same institution this last spring offered a seminar primarily for experienced school clinicians to study in depth the parent-child-clinician relationship. Members of the seminar tell me it was an extremely rewarding experience.

I would like to encourage college personnel to apply for Federal funding for Special Study Institutes as well as training grants to strengthen their programs. A small number of proposals were submitted last year for speech and hearing but most of them showed little insight into the needs of school personnel.

What else do we need fn our "plan for action?"
Of course, we still need strong and realistic certification and credential standards. To discuss "service" to children without mentioning certification standards seems folly to me.

As I am sure you know, the National Council for Exceptional Children published just recently (1966) its report on Professional Standards for Personnel in the Education of Exceptional Children. It seems to me their recommendations in speech and hearing, engineered by Dr. Stanley Ainsworth, offer the best direction available for us to follow. I hasten to add, the recommendations are based fundamentally on the ASHA Certification of Clinical Competence standards plus an emphasis on requiring that "the specialist possess and demonstrate sufficient knowledge of the goals and processes of public education to coordinate the speech and hearing program with the total educational program of the school." CEC should be congratulated on its approach to making its recommendations. (Read paragraph 1 of page 1 of their 1966 publication on professional standards--see: Suggested Readings).

Perhaps this is an appropriate spot to mention the feasibility of the great importance of maintaining close ties with our professional organizations in providing services to children with communication impairments. Do we, as representatives of our state agencies, actively support and participate in and contribute tangibly to our state and national professional associations? If we do not, how can we expect to gain support and respect for our ideas and goals? How can we expect support from ASHA if we do nothing but criticiza? Perhaps ASHA could strengthen its understanding of school-oriented problems by seeking more guidance from state consultants, too.

In California we, as consultants, have been very active in our state association. In the new state association structure (just going into effect) we are included in the new by-laws as an integral segment of the advisory structure of the association. Through our interest in the association we have both been elected by the membership to serve on several State committees including the active Research Committee.

Which leads me to my next suggestion for a program of action for improving "services."

Research does not only help, it is a "must" in determining adequate services for children. Irwin defined research at the New Orleans conference (January 1966) as "Those procedures through which the kinds of information needed by this profession to define and implement its mission are gained." He said,"I see research--as o defined as essentially a question and answer procedure." Again, it is so very important to act and function with coordination of effort at local, State and Federal levels. Start modestly.

As you know, the New Orleans Conference on Research for Public School Personnel was a boost from the Federal level to stimulate thinking and give some direction in research in the schools. Title IV of the proposed Carey Bill 16847 provides for imaginative vistas for research in our programs, too.

Following the New Orleans Conference, at the State level we did all we could to encourage this interest, i.e., we synthesized information on Federal funding and channeled it to the grass roots level. We did this through county consultants, supervisors, and through our own contacts with speech and hearing personnel.

Ideas have now sifted down into specific research projects such as the one emerging out of the Los Angeles County office on information retrieved on individual children in the clinician's caseload. (This project has as its major objective the production of a body of information that describes in detail the population of speech and hearing handicapped pupils that constitutes caseloads in school programs.)

7. In our "plan of action" we should never forget providing adequate supervision in district and county programs. Shouldn't we have at least one full-time speech and hearing supervisor for every ten speech and hearing clinicians? With expanding needs and programs for aphasic children, mentally retarded, orthopedically impaired, and others, coordination and supervision for efficiency of our services is so essential

8. Also, in our new direction in state planning we must assume responsibility for informing ourselves of all availabe channels for suppors. This should include:
    1. Keeping abreast of Federal legislative action including apportionments. (Let us all read the Carey bill and support it.)
    2. Knowing private and community resources for support, e.g., for scholarships, referral agencies, etc.
    3. Continually studying and seeking ways for improving financial support at each of our state levels.
9. Another direction to pursue may be development of complementary diagnostic centers on a community or regional basis. Barstow in California is an example.
10. Speech development and language improvement specialists or, if you like, language development specialists, may be vital and essential in our future direction in State planning. This service may be a vital adjunct to the services of speech and hearing clinicians or specialists.
11. Last, but so important, is achieving coordination of services. We have placed a special emphasis and priority on this in delineating the state consultant's role in California. (Write us for a copy of our summary on Coordination of a Public School Speech and Hearing Program.)

The role of the State consultant in speech and hearing is not an easy one. He travels here and there. He is badgered by local people for not getting them everything they need. He is ignored by his superiors or given picayune letters to write for the Chief's signature. He must expect no reward beyond the reward achieved within that very day of his existence. There are no magical answers or formula for solving his or her problems or dilemmas.

But he has an exciting job: A challenge! An opportunity to see a field grow and thrive is always there. He has an opportunity, if he will only accept it, to set the pace for aiding children with communication disorders. He is functioning these days in an age or greatest por potential with tangible resources. With hard work, diligence and creativity he may rest assured that thousands of children throughout the United States profit and grownand become meaningful human beings because of his efforts. He plays a key role in our professional orbit.

Suggested Reading

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DR. GERALD FREEMAN

REACTOR TO THE SPEECH BY

MR. FREDERICK GARBEE

SEPTEMBER 9, 1966

It is a particularly difficult assignment to stand before your colleagues and try to in some way impart something to them after the diverse conference that we have had here, where I know you have begun to feel that almost everything that should have been said has already been said. I think Mr. Garbee has done a splendid job of tying the entire proceedings of the last two days together very meaningfully for the group, and also has indicated the direction toward which we might move this afternoon.

I would like to react directly to some of his remarks and in the same way that he did in his speech, react to some of the total proceedings of this conference so far, using the remarks as a point of departure. First of all, I would like to say that I am very, very pleased to be here, neither as a member of a university staff, nor as a State Department supervisor in speech and hearing, because the interplay between these two aspects of the conference participants has indeed been an interesting one to observe. Secondly, I should like to say that as a group of people you State Department people are a lot nicer than I expected you to be. Really, it's amazing when you get into the various segments of our profession, the various subgroups, one begins to feel very fortunate that one is in this field from the standpoint of the types of people with whom you come in contact. And you have been very delightful. You are a people of great endurance in all respects.

I should like to use particularly Fred's call to the university professor as the departure point for a few remarks. He has called upon the university professor to take a closer look at what is going on in the schools, as a primary source, that is, getting into the schools and seeing what's going on. I would like to challenge you, not to feel that because you are employed by a State agency that happens to be branded "Education" that you know what's going on in your schools. And perhaps the place to begin with this type of observation and assessment is in your own various States.

Let me cite a few examples to you from what I have been able to pick up along the way in terms of the conference. One of the major concerns of the conference is how does speech and hearing fit into special education? And even more broadly, into general education? Whether you people in State Departments know it or not it is fitting in daily, through the speech and hearing specialist in your schools. It has to fit in. With the amount of money that is being expended locally in the development of special education programs, with or without your direct assistance, with or without your direct involvement, speech and hearing personnel have to be called upon to play a role, a daily role, in the educational management of children. Not in the management of their speech and hearing problems per se, but in the total educational management of the children. They are key members of screening committees whose responsibilities include the placement of children. And relating that aspect of behavior known as speech and hearing to the broader picture on a day-to-day teaching-hearing situation.

Along this line, I'd like to say, in a general way, your jobs are difficult because in a sense you really have to reflect the kinds of things that are going on. But, for heaven's sakes, don't cut yourselves out of that reflection. Contribute to the reflection. The fact that this is going on daily in hundreds and thousands of school districts, that in a sense have bypassed State Department people, and either through counties or Federal government have made direct contacts bypassing States, shouldn't lead you to believe that this isn't happening. I think it's important for you to be concerned about, and creative with, in terms of altering and improving these functions.

There have been several citations to the regional concept of speech and hearing services for diagnostic centers. Those of you that know my particular job setting know that I am very biased and quite prejudiced along these lines since that's my bread and butter in a sense. But I think it was interesting, Fred, that you reported that which is going on in Barsto without the State Department having instituted this. The superintendents of rural and county districts are meeting in Atlanta, Georgia in October, and a member of our profession has been asked to keynote that conference - their conference, the superintendents' conference, by talking about the development of clinical services through the regional approach. Now this is happening, it's happening to your school superintendents, your county superintendents, other school officials, who will be as interested in the proceedings of that conference as you yourselves are in the proceedings of this one. So that's another area of concern in which things have been happening, and it is disappointing for the men on the firing line to feel that they have been happening not through the institution of our State Departments nor in spite of them. Not that the State Departments are opposed to this but they haven't been the instrumental driving force behind the institution of these kinds of activities.

We talked about language. I have been very much interested the past few days in people talking about our sudden concern with where we fit into language. At least during the past fifteen years we have been actively concerned about language. Daily in your schools, people are doing language programing for children. I think it's very important for our professional group to try to define that which we are doing, but let's not pretend that it just arrived on the scene today. It's been around, and whether as a group we collectively have felt we have taken a stand, has little bearing on the little gal out in the field who has been doing language work and giving language recommendations on a daily basis.

We talked about aids yesterday, and usually there's a groan when anybody says aids. Should we have a sub-professional group of aids, is asked on the one hand, while on the other we talk about our role in special education, and how we relate to special education. The field of special education for years has employed aids in orthopedic rooms, mental retardation rooms, and so on.

We had a question from Mr. Pace asking whether the schools are utilizing any speech and hearing aids. There aren't any aids who are designated as speech and hearing, but the schools are full of aids who are doing speech and hearing work. Practically every EMR room has an aid who is doing speech and hearing work. Practically every orthopedic room has an aid who is doing speech and hearing work, and right down the line through special education. Are we going to come up now with a new group of aids who are going to be designated speech and hearing aids? Will they be something different from special education aids, in the same way that we brand speech and hearing specialists as being something quite different from special educators? Is the government going to finance a conference for these aids, so they can see how speech and hearing aids fit into the broad scheme of special education aids? On the one hand we lead in one direction as though we are, and on the other hand we're developing new sub-groups, A B C D and so on, as though we are not.

Again, let me just summarize these few observations and reactions by suggesting that the job is an enormous one, a job which can be done. I'm certain, after spending so much time with many of you during this conference, that it will be done through you. Thank you very much.

"THE ROLE OF SPEECH AND HEARING SERVICES IN PROJECT HEAD START"

MRS. JANE WILLIAMS, PROGRAM SPECIALIST
PROJECT HEAD START, OFFICE OF ECONOMIC OPPORTUNITY

SEPTEMBER 9, 1966
OFFICE OF EDUCATION CONFERENCE
"NEW DIRECTIONS IN STATE PLANNING
FOR SCHOOL CHILDREN WITH COMMUNICATIVE DISORDERS"

Project Head Start is the preschool enrichment program of the Office of Economic Opportunity's Community Action Program. Funds are made available generally through local community action agencies to various public or private-non-profit organizations for the operation of 8 week summer programs or 8 to 12 month full-year programs. This year 572,337 children were involved in the 8 week summer programs, and more than 200,000 were served by full-year programs.

Head Start believes it can best serve the culturally and economically deprived preschool child by providing for him an intensive program which includes comprehensive educational, health, social, nutritional, and psychological services. Special emphasis is placed on involvement of his parents both in an advisory capacity and in meaningful participation, paid and unpaid, in the whole program.

Head Start is now approaching its third year of existence. While the program has been phenomenally successful and popular, those involved with it are continually trying to effect quality improvements. One such change is the increased emphasis on provision of professional speech and hearing services in all programs.

In the listing of Head Start components--education, health services, nutrition, social services, psychological services, and parent and volunteer involvement--the role of speech and hearing has not been specified. It is really involved in several categories, especially health services and education, it could not really be assigned to any one area. Consequently it was not always considered in the planning of Head Start programs by communities.

The new Head Start application form has, as a separate section, speech, hearing and language services, which indicates that these are to be provided, as appropriate, to every child. Items to be answered include: speech evaluation with appropriate follow-up work; hearing evaluation with medical referral where indicated and the provision of hearing aids and instruction; and language development as a part of the daily program. The effect of this will be to clearly indicate the importance of speech and hearing services to the program; the necessity to obtain them, and the consequent demand for speech and hearing personnel.

The accompanying instructions for completing an application state that these services should be made available to all children and that they should be conducted by and under the auspices of professionally trained specialists, with the cooperation of other professional members of the Head Start team. General suggestions are given as to community, state, and national sources of service.

The further point is made that while not all children will need therapy, a professionally directed program to increase speech and language skills will benefit every child. Attention is also given to the special needs of some areas for second-language teaching techniques ant the utilization of people with this skill.

A number of desirable effects can be expected to flow from this focus on speech and hearing programs in Head Start, in addition to direct services to children. Among these are:

1. Pre-planning of programs. When doctors, educators, social workers, psychologists, nutritionists, community leaders, etc., meet together to work out an application for a Head Start program, speech and hearing personnel should be among them.
2. Parent contact. Head Start places great emphasis on involvement of parents in all aspects of the program. This will mean that the therapist will have an earlier and perhaps more meaningful effect in the still formative stages of the child's language development. Speech and hearing people can be given the opportunity to speak to groups of parents explaining the importance and goals of the speech and hearing program and ways the parents can help.
3. Orientation of teachers. The specialist will have the role of working with the classroom teachers to help them identify those children who need special attention, and ways in which the teacher can support the specialist's work.
4. Non-professionals. The often-raised question of involvement of the non-professional in speech and hearing arises here, too. Head Start requires the presence in the classroom of at least one adult other than the teacher--usually a parent from the low income group employed as a teacher's assistant and receiving training which can ultimately result in a sub-professional career. Ways

may be developed in which these non-professionals can support the work of the Head Start speech and hearing specialist.

5. Follow through implications. The early identification and treatment of the speech and hearing problems of these children will obviously lessen the later load of schools, clinics, and State Departments providing services, and will also prevent more serious complications from conditions left untreated. Further, since the careful records kept on Head Start children follow them to the school they attend, problems needing additional attention will be already identified with a consequent saving of time and diagnostic effort.

Although the initiative for starting programs is left to the local community, OEO has always taken an active role in program building. The role of the Regional Offices of OEO is as follows: After a community has prepared its Head Start application, the Regional OEO Office receives it for processing. An analyst from the regional office is in touch with the applicant to discuss matters of program and budget. The analyst reviews the proposed activities and staff and makes suggestions for changes when a proposed program does not meet the guideline criteria. The analyst also serves as an advisor to the community on location of possible resources, and often arranges for the services of a specialized consultant.

OEO Head Start consultants are also involved in program building. In spite of the variation of available quality services, OEO has been unwilling to compromise on program quality and content and established general guidelines of services to be provided in child development or

Head Start centers. Where applicants indicated that resources were not adequate or they had not arranged to provide a particular service, OEO sent in a consultant to help locate community resources and to show ways that outside assistance could be brought in. They also provided training or orientation to those people operating the program.

A particularly good example of the success of this endeavor is the psychological services program of a rural area of Missouri, an extremely impoverished six-county area in the southeastern part of the state. This applicant could not have offered a good program of psychological services because of a basic lack of resources. The analyst in the Regional OEO Office requested the services of a psychological consultant who in turn arranged for summer employment of a psychologist to direct the program, who with the assistance of a dozen graduate students and six counsellors, developed a program of psychological services which exceeded in quality programs of some urban areas with easy access to multiple psychological services. The same program assistance would be possible for speech and hearing services.

Several speakers at this conference have pointed out the role of directors of State programs as that of a coordinator of Federal programs and disseminator of information where needed. It is this role that you will have to play for Project Head Start in coming months. Speech and hearing services have been offered in many Head Start programs. In others they have not. The availability of resources has not always been the decisive factor--too often speech and hearing services were overlooked when the program was planned and budgeted. In other areas, such services would not have been available.

With the provision of speech, hearing and language services clearly indicated as a component of the Head Start program, more and more communities will be needing information on the what, why, and how of the services of the profession. In this role you can serve as valuable agents for Head Start and for applicants by making known to them the needs, criteria and resources for speech and hearing services in your States.